FACULTY PRACTICE AMONG COMMISSION OF COLLEGIATE NURSING EDUCATION ACCREDITED NURSING SCHOOLS

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This descriptive survey study investigated the value of faculty practice among Commission of Collegiate Nurse Education (CCNE) Accredited Nursing Schools. The sample included all CCNE accredited schools that offered a Masters degree. Subjects from the 66 schools in the sample the dean and three Nurse Practitioner faculty who are teaching a clinical course. Response rate was 51% for the deans and 35% for the faculty. The opinions of deans were compared to the opinions of faculty on the views of faculty practice as research and the incorporation of faculty practice in the tenure and merit review system. The results showed faculty and deans differed on the value of faculty practice as research. However, only 6.5 % of statistically significance difference was contributable to whether the response was from a dean of a faculty. There was no significant difference to the inclusion of faculty practice in the tenure and merit review system.

Boyer's expanded definition of research was used as a theoretical background. Deans viewed faculty practice more important as compared to the traditional faculty expectation of research than faculty did. The operational definition of faculty practice was that it required scholarly outcomes from the practice. Deans were more willing than faculty to acknowledge there were scholarly measurable outcomes to evaluate faculty

practice than faculty were. The greatest difference in opinion of outcomes was the deans were more willing to accept clinically focused articles as an outcome than faculty were.

Faculty were asked how the money from faculty practice was distributed. Faculty overwhelmingly reported that money generated from faculty practice most often goes to the individual faculty member. Suggested areas for future research involve investigation of the role of tenure committees in tenure decisions relating to research and faculty practice.

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INTRODUCTION

Nursing education has changed over the years. Nursing education moved from the hospital setting to the academic setting during WWII (Christy, 1980). As nursing education moved to the academic setting, the role of nursing faculty was broadened to include the responsibilities of the university, scholarship, and other rigors of an academic discipline. However, at this same time the definition of research narrowed among American Universities (Boyer, 1990). Research became narrowly defined as activities that discovered new knowledge and was measured by the number of publications a faculty member produced. In most universities today, the foci of scholarship has been broadened to include research, teaching, and service (Tolve, 1997). However, in practice, the faculty reward system continues to place a higher value on research over teaching or service (Boyer, 1990).

In the seminal work of Boyer, (1990) the conception of what constitutes scholarship was analyzed. Boyer believed research is the first and foremost essential form of scholarly activity. However, he described a more comprehensive view of scholarship that includes four separate but overlapping functions: discovery, integration, application, and teaching. The following model graphically displays the overlapping areas Boyer describes as scholarship and the inclusion of faculty practice into these areas.

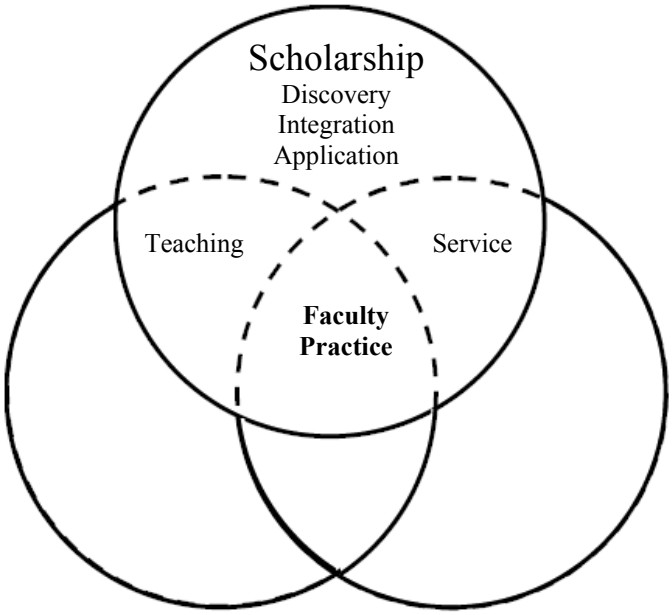


Figure 1: Faculty Practice with Boyer's Reconsideration of Scholarship.

In the model above, created by this author, the expanded views of scholarship are displayed. Scholarship encompasses the traditional areas of teaching, service, and research. Since teaching and service are almost always done by the university, Boyer analyzed and expanded the traditional view of what would be called research. The expanded definitions of research are listed in the model under scholarship with broken lines representing teaching and service that effect and are affected by scholarship. Boyer expands the definition of scholarship to include the scholarship of discovery, integration, application, and teaching. In the middle of the model surrounded by broken lines is faculty practice. This represents how faculty practice is a part of all three areas of scholarship as defined by Boyer and affects all three major areas of scholarship.

While all three traditional areas of teaching, research, and service may be included as scholarship by Boyer, he limits himself to expanding the definition of scholarship. This is due in part to the over-emphasis by universities in rewarding research more than other traditional roles of faculty. Secondly, teaching and service are almost always done by universities (Tolve, 1997). In nursing education, teaching and service is completed while training new nurses. Therefore, for the purposes of this study, these areas will not be explored but the expanded definition of scholarship as presented by Boyer will be analyzed.

According to Boyer, scholarship involves discovery, integration, application, and teaching. The first aspect of scholarship, discovery, involves the generation of new knowledge. The second aspect of scholarship, integration, refers to giving meaning to isolated facts and putting them into perspective to make connections across disciplines. The third aspect of scholarship, application, seeks engagement with society and looks for ways to benefit society as individuals, institutions, and the general public. Lastly, scholarship's aspect of teaching involves the transformation of knowledge in such a way that the knowledge is extended and new scholars are born.

Within Boyer's view, each area or function of scholarship would be given equal weight or weighted according to the individual university's mission statement. Boyer cautioned against universities adapting the same model as research institutions without customizing what is considered "research or scholarship" to the particular university mission. Faculty practice could cross into all areas of scholarship but should relate to one's area of expertise and have the same rigor and accountability (peer review)

associated with it as traditional research currently has. Therefore, simply "moonlighting to maintain clinical skills" would not qualify for scholarly faculty practice, because there is no peer review process (Ford & Kitzman 1983).

Several nursing schools have adopted Boyer's expanded definition of scholarship as a basis of promotion and tenure criteria (Brown, Cohen, Kaeser, et al. 1995). The American Association of Colleges of Nursing (AACN) published a position statement on scholarship in faculty practice in 1999 that supports this comprehensive view of research. In this statement AACN defines research in nursing as those activities that systematically advance the teaching, research, and practice of nursing through rigorous inquiry. AACN ascertains that research questions would need to meet the following criteria: Is it significant to the profession; Is it creative?; Can it be documented, replicated or elaborated?; and Can it be peer-reviewed through various methods?

The AACN (Pohl, 2000) operationalized Boyer's expanded definitions and views of research in its 1999 position statement:

> Discovery - where new and unique knowledge is generated.
> Teaching - where the teacher creatively builds bridges between his or her own understanding and the student's learning.
> Application - where the emphasis is on the use of new knowledge in one's discipline to solve society's problems.
> Integration - where new relationships among disciplines are discovered. (p. 372)

Tolve (1999) surveyed a stratified, randomized group from the American Association of Colleges of Nursing (AACN). This group consisted of nurse practitioner faculty and deans and concluded that both groups believe faculty practice should be considered scholarly as long as there are scholarly outcomes resulting from that practice. Tolve concluded that since the two groups were not far apart in their value of faculty

practice, perhaps it can be incorporated into the tenure and merit review system of universities.

Glassick (1999), in an address to the AACN, expanded on Boyer's work and outlined the hallmarks of scholarly nursing practice. The hallmarks identified should reflect the following: clear goals; adequate preparation; appropriate methods; significant results; effective communication; and reflective critique. Glassick's work clarified what is considered faculty practice for nursing faculty.

The domains and competencies of nurse practitioner curriculum are established by the National Organization of Nurse Practitioner Faculties (NONPF). This criterion is utilized to establish how programs are evaluated for accreditation. NONPF also outlines competencies that are tested during the national certification test each graduate must take in order to practice. NONPF recommends that faculty practice be viewed as "an essential component of scholarship that should be encouraged and rewarded through merit review as long as scholarly outcomes are demonstrated" (Pohl, 2000). NONPF recommends that the standards of scholarship described by Boyer and expanded by Glassick be used as a guideline for evaluation in what is considered scholarship for faculty practice.

The dominant focus of graduate education for nurses over the past two decades has been advanced practice nursing and, specifically, nurse practitioner education (Pohl, 2000). Faculty must be prepared, both clinically and academically, to effectively teach advanced practice nurses. Academic institutions expect and reward development and excellence in teaching ability. Clinical excellence requires the same nurture and practice. However, clinical practice has not been traditionally recognized as an activity that leads

to tenure (Jones, 1999). It is difficult to maintain teaching excellence in advanced practice programs without clinical practice (Pohl, 2000).

Nursing faculty, particularly nurse practitioner faculty, are challenged by being required to meet professional practice expectations while fulfilling the traditional components of scholarship within the academic community. The influence of professional education on American higher education has been a concern to traditional academics. However, the influence of academic settings on professional education has been a concern for the nursing profession (Rayburn, 1991). To deal with these concerns, Boyer suggests an expanded view of research is necessary. Nurse educators and deans have agreed that faculty practice can fit into Boyer's expanded definition of research since measurable outcomes are achievable (Taylor, 1997; Tolve, 1997; &Tolve, 1999).

In summary, nursing education has moved from the practice setting to the academic setting. There has been an increased emphasis on academic scholarship - research, teaching, and service and a decreased emphasis on the practice component of nursing. The majority of graduate nursing education is found in preparing advance practice nurses. Nursing faculties need to have competent clinical and academic skills in order to meet the demands of today's students and health care system. Faculty practice should be considered scholarly when scholarly outcomes are demonstrated and thus, should be considered in merit and tenure reviews (Tolve, 1999). Faculty practice is a means to promote congruence between nursing education and nursing service. Faculty practice has been analyzed and recommended by leading nursing associations and certification bodies (Pohl, 1999). In the last four years, the AACN, NONPF and

seventeen other leading nursing organizations have endorsed the inclusion of scholarly faculty practice for tenure and merit reviews for nursing faculties (Pohl, 2000). It is now time to examine whether these recommendations are indeed being practiced by nurse practitioner faculty and rewarded in tenure and merit reviews.

THE PROBLEM

Is faculty practice viewed as an important part of research by nurse practitioner faculty and nursing school deans? Is faculty practice incorporated in the tenure or merit review system for nurse practitioner faculty?

PURPOSE

The purpose of this study is to determine the perceptions of the value of faculty practice as an aspect of research among nurse practitioner faculty and deans in Commission of Collegiate Nursing Education (CCNE) accredited schools. Boyer's expanded view of research will be used to compare the value of faculty practice to the value of the traditional expectation of research as evidenced in the tenure/merit review evaluation practices of universities.

RESEARCH HYPOTHESES

1) H_1 There is a difference between faculty and deans' views of the value of faculty practice as research.

2) H_2 There is a difference between faculty and deans' perceptions of incorporation of faculty practice in the tenure/merit review system.

SIGNIFICANCE OF THE STUDY

Nurse practitioner faculty need to be tenureable. Nurse practitioner faculty are required to practice to retain their license and achieve advanced certifications which qualify them to teach. The time involved in faculty practice constitutes twenty percent of a faculty work week and should be rewarded as measurable outcomes are produced (Pohl, 2001). Outcomes of faculty practice can be rewarded as research under Boyer's expanded view of research. An expanded view of research is needed because the nursing faculty role expectations have expanded in order to adapt to the changing health care needs of society. Role strain and role stress on a limited nursing faculty can be relieved by accepting an expanded view of research. Nursing educators have the responsibility to create innovative ways to promote and maintain congruency between the academic and practice demands of a faculty's time, skills, and effort.

DEFINITION OF TERMS

For the purpose of this investigation, the following terms are defined.

Faculty Practice - Activities related to the care of patients must meet two criteria in order to be considered faculty practice: they must be scholarly in orientation with associated scholarship outcomes, and they must have the care of patients as their central focus. (Ford & Kitzman, 1983).

Views - self reports by the subjects on the instrument; synonymous with opinions.

LIMITATIONS

Limitations of the study that might limit generalization of the study include:

1. Potential respondents may choose not to participate due to sensitive views on the rewards of faculty practice.
2. A respondent bias may have been present because the survey will be sent to the dean who is asked to distribute the survey to three nurse practitioners, who are full-time faculty and teach a clinical course in a nurse practitioner program. Faculty members who are interested in scholarship and faculty practice may be more likely to return the survey than those who are not interested in this topic.

DELIMITATIONS

Intentional limits put on this research include:

1. Only deans and faculty from CCNE accredited nursing schools in the United States are included in this study.
2. Only schools offering Master's in Nursing and a nurse practitioner program are included in this study.
3. The survey questionnaire utilizes a four-option Likert scale in an effort to encourage participants to respond. There is no option for a neutral response as in the five-option Likert scale.
4. Limitations of the mail survey method limit the testing environment:

    Completion under different conditions; interruptions while completing the

survey; completion over various time frames or sittings; and partially completed surveys.

ASSUMPTIONS

1. The demands of the academic discipline are not necessarily congruent with the demands of a practice discipline, such as nursing.
2. An expanded view of scholarship in the higher education setting could contribute to the reconciliation between the demands of academia and the demands of practice.
3. In an expanded view of scholarship, faculty practice could be embraced as a legitimate form of scholarship.
4. Advanced nursing practice has increased emphasis on clinical competency in order to better teach advanced nursing students.

CHAPTER 2

REVIEW OF LITERATURE

Introduction

A review of American higher education's struggle with defining scholarship will be presented. Prior to discussing aspects of scholarship in nursing education The progress of nursing education will be discussed, focusing on nursing education's development of the nurse practitioner role and the academic and clinical preparation of the faculty who teach in these advanced clinical courses. Faculty issues of tenure and faculty practice will be discussed.

Development of Higher Education in America

America has a deep commitment to offer higher education to the broadest range of our citizens. The unique characteristics of American Higher Education institutions are their diversity in mission and target audience (Boyer, 1990). However, what is considered scholarship has not been as diverse as the institutions from which scholarship is generated. A historical review of the development of higher education in America and what has been considered scholarship during this evolution might shed some insight. There has been an illogical development and expansion of the institutions of higher education without a corresponding broadening or development of the definition of what is considered scholarship. Boyer (1990) believes this discussion is needed in American higher education in order to remain vital. Vitality will be maintained in American higher education by development of a more creative view of the scholarly work of professors. At the heart of this issue is how faculty use their time. Rewards and compensation are the

main gauge of how faculty utilize their time (Baldwin, 1990). People tend to spend their best efforts in areas where they can be rewarded, or at least not penalized.

Scholarship in American higher education has moved through three phases. The three phases are teaching, service, and research (Boyer, 1990). The colonial college had strong British roots. During this era, college life focused on teaching and the student. Emphasis in higher education focused on character development and preparing civic and religious leaders for the country (Tyack, 1967).

Harvard College was founded in 1636 and was patterned after Emmanuel's College in Cambridge, England. Harvard was founded to provide a continual supply of clergy who, the Puritans hoped, would educate and morally uplift the next generation (Tyack, 1967). Teaching at a colonial college was viewed as a vocation, a sacred calling, and an honorable ministry. Professors were hired for personal religious commitment rather than scholarly ability and achievement. Development of the student's and professors' intellectual, moral, and spiritual development were emphasized more than academic achievement (Benditt, 1990). This colonial tradition of affirming the role of teaching for scholarship persisted well into the nineteenth century (Eliot, 1898).

Between 1820-1840 there was a shift in scholarship as service became the primary focus of education during this second era of the development of scholarship. The nation's first technical schools were formed in 1824. Historian Fredrick Rudolf and the president of Harvard at the time, Edward Everett, stressed that the new focus of higher education should be to serve businesses by training the working force and thereby maintaining economic prosperity (Rudolf, 1962). David Jordan (1965) who was the

president of Stanford University at this time, stressed that practicality and reality-based education should be the major emphasis of scholarship and universities.

The United States government promoted this new emphasis of service as scholarship by passing critical pieces of legislature, making it easier for universities to serve their local communities. The Morrill Act of 1862, also known as the Land Grant College Act, gave federal land to each state. The proceeds of the land sales were designated to support both liberal arts and skills training that would support the emerging agricultural and mechanical revolutions (Boyer, 1990). The Hatch Act of 1887 also provided federal funds to support university-sponsored agricultural experimental stations, thus bringing learning to the farmers. The result of this new "practical" side of higher education was a shift in the publics' view of education. Higher education's mission was changed from serving the elite to serving the common good of society (Jordan, 1965). As the country developed, there was a great desire by faculty and students to serve the country through their knowledge and skills. Some critics resented the fact that the non-elite could now attend college and study practical courses such as agriculture (Boyer & Hechinger, 1981).

Scholarship during this second era focused on service and practical education as defined by action. Emerson defined scholarship as, " …the raw material out of which the intellect molds her splendid products"(1971, p. 59). Professors imparted knowledge that was utilized in agricultural and manufacturing industries. This was the birth of the "applied" research era. In the 1870-1880s, education was valued if it was considered useful. Higher education provided society with a service and also reshaped society,

moving it toward a spiritual improvement as well (Shils, 1985). This spiritual improvement was believed to be the result of teaching ethics at the university. These ethics later were applied across several disciplines in the work environments of the alumni.

The third dimension or era of scholarly activity in American universities was research. The research era can be traced to the first years of the Republic. In the colonial days, research was often conducted beyond the confines of the university by men such as Thomas Jefferson and members of the American Philosophical Society (Martin, 1952). Research within the university was the exception rather than the rule. However, some universities had documented research laboratories as early as 1738 such as John Winthrop of Harvard who conducted experiments.

As graduate students studied abroad, they saw various higher education models and an increased interest was born in research as the primary form of scholarship. The first Americans believed to study abroad in Germany were Ticknor and Everett in 1815. Upon their return, they encouraged a research-intensive focus at Harvard and other universities similar to their experiences in Germany (Rudolph, 1962). The focus of the research universities was to add to the body of knowledge. Universities focusing on research were few in number at first. In 1802, there were only twenty-one full time scientific faculty positions in the United States (Wolfle, 1968). The research intensity of scholarship caught on quickly. By the mid-nineteenth century, leading North American Eastern universities were giving preference to research as scholarly activities for faculty.

Graduate courses in philosophy were offered and the first doctorate of philosophy was conferred in America at Yale in 1861 (Jaroslav, 1983).

Massachusetts Institute of Technology (MIT) was formed after the Civil War and was soon recognized as a center of scientific inquiry. By 1891, several students who had studied in Germany wanted to develop a similar model here. They envisioned a university where there was a passion to push for more knowledge that was verified by scientific inquiry (Fallon, 1980). Versey mentions that while some professors like Irving Babbitt complained that a sole focus on research would not serve American societal needs, most universities adopted this trend to intensify research as the premier form of scholarship for professors. Academics in both Germany and America were shifting from a reliance on authority to a reliance on scientific rationality. Daniel Gilman, who founded Johns Hopkins, believed that knowledge was most attainable through research and experimentation. Johns Hopkins and others began to offer Ph.D. degrees by 1891. Research was seen as the pinnacle of the academic Ph.D. program. New universities, like the University of Chicago were formed where research was the most valued part of scholarship. By 1975, the University of Chicago required faculty to sign an agreement that their promotion and tenure would depend primarily on research productivity (Cowley, 1981).

By the late nineteenth century the advancement of knowledge through research had taken a firm root in American higher education. Boyer states:

> Colonial college values, which emphasized teaching undergraduates, began to lose ground to the new university that was emerging. Indeed, the founders of John Hopkins University considered restricting study on that campus to the graduate level only. In the end, some undergraduate education proved necessary, but the

> compromise was reluctantly made, and for many professors, class and lecture work became almost incidental. Service, too, was viewed as unimportant. Some even considered it a violation of the integrity of the university, since the prevailing German model demanded that the professor view the everyday world from a distance (p.9).

While research is highly valued in American higher education, most modern universities still have service of the local community as their mission statement, especially at land grant institutions. The problem with universally accepting scholarship as primarily research (adding to the body of knowledge) is that this view of scholarship does not allow for the various missions of diverse institutions within higher education (Boyer, 1990). Currently, American campuses recognize that the faculty reward system does not match the full range of academic functions and that the professors are faced with competing obligations. Caplow and Reece (1958) defined this new reality when they observed that young faculty are hired as teachers but they are evaluated primarily by their research efforts. The *Carnegie Foundation for the Advancement of Teaching* found that the redefinition of scholarship from service to research was reflected in two national surveys. In 1969 twenty-one percent of surveyed faculty strongly agreed it was difficulty to obtain tenure without publishing. By 1989, this faculty number had doubled to forty-two percent. In comprehensive universities the change in responses was the most remarkable, it went from six percent in 1969 to forty three percent in 1989. Comprehensive universities have "virtually no doctoral programs and only limited resources for research." The change was also noted at liberal arts universities where teaching has always been highly prized. In 1989 twenty-five percent of the faculty also mentioned that it is difficult to achieve tenure without publishing (Carnegie Foundation

1969 and 1989). In 1990 the president of Stanford, Donald Kennedy called for more contact between students and professors. In a university address, Kennedy stated, "Now is the time for Stanford to affirm that teaching- in all its forms- is the primary task of higher education."

American universities take pride in their diversity but the reality is that the standards for scholarship have become increasingly more restrictive. There are reasons for this: It is easier to evaluate research and publications than it is teaching and service; there is no universal definition of scholarship which is accepted; and research is viewed by some as the unifying mission to higher education (Leatherman, 1990). However, this restrictive view of scholarship does not allow for much-needed growth in higher education. As Boyer (1990) reflects on how this growth will be guided, he states:

> Basic research has come to be viewed as the first and most essential form of scholarly activity, with other functions flowing from it. Scholars are academics who conduct research, publish, and then perhaps convey their knowledge to students or apply what they have learned. The latter functions grow out of scholarship; they are not considered part of it. But knowledge is not always developed in such a linear manner. The arrow of causality can and frequently does, point in both directions. Theory surely leads to practice, but practice also leads to theory. And teaching at its best shapes both research and practice. Viewed from this perspective, a more comprehensive, more dynamic understanding of scholarship can be considered, one in which the rigid categories of teaching, research, and service are broadened and more flexibly defined (p. 16).

Boyer goes on to suggest that scholarship should be expanded to include four separate but overlapping areas which include discovery, integration, application, and teaching. The four areas of scholarship are defined as:

> Discovery – generation of new knowledge, similar to the current concept of research.
> Integration- refers to giving meaning to isolated facts. Putting facts into perspective and making connections across disciplines.

Application- seeks engagement from society, asks for an agenda that benefits individuals, institutions, and society.
Teaching- where knowledge is transformed, extended, and new scholar are born (p. 17).

All areas of scholarship are given equal weight within this new definition of scholarship. Boyer believes each institution of higher education in American can customize these four areas of scholarship to correlate with the institution's mission and faculty interest. Boyer believes that progression of higher education in America mans that "diversity among what is considered scholarship should be the goal not uniformity"(1990, p. 57).

Faculty may choose to focus on different areas to prevent stagnation or burnout over their careers. Expecting the faculty to excel at all four areas will lead to burnout. Expecting the faculty to excel in the same area year after year will lead to stagnation (Boyer, 1990, p.43). There has to be a way to evaluate all areas. Boyer suggests creativity contracts as a means to operationalize this redefinition of scholarship across the disciplines while allowing the faculty to remain flexible and inspired by what area of scholarship motivates them at that particular time in their life. Faculty renewal is essential for creativity to continue to progress in a scholarly fashion (Thoreau, 1966).

Boyer's framework for scholarship is significant to practice disciplines, such as nursing, because service to society is the primary focus of practice disciplines. The multifaceted definition of scholarship allows adaptation for the multifaceted roles and settings in nursing. When teaching a nurse practitioner student during faculty practice (Tolve, 1997), all areas are integrated.

History of Nursing Education

The profession of nursing was conceived in caring for and serving others. Florence Nightingale established the first hospital-based training for nurses in the 1860's. This trend of nursing education based in hospitals continued until the end of World War I. Hospitals trained their own nurses and utilized these nurses in training to provide nursing care within the hospital. Graduates of the hospital-based nursing schools received a diploma in nursing upon graduation. The faculty in these diploma programs were responsible for the education of new nurses. The faculty were employees of the nursing service of the hospital and had a dual responsibility of patient care and nursing education (Tolve, 1997). This combination of roles provided a blended model of scholarship involving service and teaching. The problem with this model became apparent when nursing practice was advancing but nursing education remained inconsistent and student experiences were dependent on patient populations and staffing demands of their time (Millonig, 1986).

During World War II there was federal support for nursing education from the United States Cadet Nurses Corps thus enabling a movement from the hospital setting to the academic setting (Christy, 1980). Federal money paid faculty salaries directly to nursing schools. Nursing education changed because nursing students were no longer "cheap labor" for the hospital but rather focused on their learning during scheduled clinical times at the hospital. After World War II, colleges and universities had generally replaced the hospital-based diploma schools of nursing (AACN 2000).

Even though the locale of nursing education had changed, the nursing profession remained focused on service as reflected in the American Nursing Association (ANA) 1965 definition of nursing as: "…a helping profession and as such provides services that contribute to the health and well being of people." (ANA, 1965). Service was an integral part of nursing education. Donaldson and Crowley (1978) state that professional disciplines, like nursing, evolve based on three things: they provide a valuable service to society; they are academic discipline where theories of nursing are developed; and these theories need to be both descriptive and prescriptive in nature.

A review of nursing literature reveals that there is no universal agreement for the definition of "discipline" (Budden, 1994). Budden proposes that the professional discipline of nursing should obtain its focus from society and from that focus generate, preserve, and apply nursing knowledge. For the purposes of this paper, nursing will be referred to as a professional discipline.

The relocation of nursing education severed some ties to the practice setting; however, most nursing faculty did not view this as a problem (Millinig, 1986). As nursing advanced as a discipline within higher education, problems with fitting into academic life became apparent. Nursing initially suffered both symbolic and geographic isolation within the academic community (Forni & Welch, 1987). This isolation was largely due to the fact that nursing faculty had neither terminal degrees nor research expertise that was highly valued by the academic environment.

Nursing faculty reacted to this isolation by becoming consumed with being accepted and respected by their institutions and colleagues. Many nursing faculty

returned to school to obtain terminal degrees (Mauksch, 1980). Nursing faculties tried to fit into traditional faculty roles by entering the areas of scholarship - research, teaching, and service - without seriously considering or defining where professional practice should fit into this faculty role model. Compounding this problem was the "… fact that health care roles are considered to be up to 800% more complex than comparable positions in business and industry (Joel, 1994; Booth, 1995, p. 53)." This emphasis on traditional areas of scholarship earned acceptance among the academic community but further isolated faculty from the practice arena. Acceptance of the academic model for nursing faculty eventually led to "a dilemma for nursing as the requirements for practice disciplines are not necessarily congruent with academic disciplines" (Tolve, 1997, p. 43).

As practice skills became rusty, some faculty chose to use role models or "preceptors" located in the hospitals to teach students the clinical skills necessary for nursing. This change from faculty teaching everything to using preceptors "had many repercussions for nursing faculty and students, for the nursing profession, and for the health care system" (Mauksch, 1980, p. 22). Nursing students were forced to find role models among the nursing staff at a hospital. The nursing service sector questioned the clinical competence of the nursing faculty. A new separation developed between those that provide care and those that teach (Tolve, 1997). The most educated nurses who did not practice had limited influence in the arena of the institutions where their graduates would soon practice (Mauksch, 1980). "Faculty found it was more acceptable to develop theory than to practice" (Fenton 1988 p.57).

This model of separation of practice and education is unique to nursing. Other health care professions such as medicine, dentistry, and physical therapy provide the option for faculty to pursue clinical excellence and tenure with a clinical tract as an alternative to the traditional research tract. This enables faculty to practice in the clinical arena they are attempting to influence (Mauksch, 1980). In order to be effective, nursing must seriously examine how to include the practice of nursing into the faculty role; this concept will be henceforth in this paper be referred to as Faculty Practice (FP).

Pressure from outside of nursing was calling for reform. The Pew Health Professional Commission was established to address education of health care professionals. It is Pew's belief that "…the education and training of health care professionals is out of step with the evolving health needs of the American people" (Pew Commission, 1991). Pew recommends that schools have distinctive missions, which are responsive to their institutions and the community which they serve. Faculty, according to PEW, should model knowledge, skills, and attitudes that reflect their institutions distinctive mission. The Pew Commission (1991) recognized Boyer's redefinition of scholarship and recommends that teaching should be equitably rewarded rather than the sole emphasis on research.

As higher education and nursing practice have evolved, changes forced nursing faculty to re-examine their roles in both of these systems. Nugent (1999) states that without a revolution in the academic world, this dissonance between academia and practice will persist and worsen due to the traditional academic triad of teaching, research and service. However, in 1990 Boyer redefined scholarship and provoked the nursing

profession to attempt to operationalize this expanded understanding of scholarship. A major barrier to change continues to remain. Nursing educators are ambiguous and inconsistent in how they use the word and concept of scholarship.

The professional discipline of nursing does not have a universally agreed upon definition of scholarship (Starck, 1996). Review of nursing literature reveals that scholarship was first associated with financial aid (Palmer, 1986). Nightingale was credited for the first notes on nursing scholarship as she documented the important intellectual activity of observation to the nurse (Palmer 1986; and Diers 1995). There is no consensus on what is considered scholarship and there is debate on who is considered a scholar. The definition of a scholar was discussed by Leininger (1973) as " …a person who vigorously pursues intellectual ideas in a disciplined manner about a special field or school of thought, and who influences the thoughts or actions of others" (p.6). Diers (1983) states that the main tool of a scholar is not great research skills but the ability to think. Lindeman (1992) views a scholar as one engaged in original thought and not just paraphrasing current knowledge. While there is no agreed upon definition for a scholar in nursing, there is an agreement that a scholar is committed to the discovery of knowledge (Tolve, 1997).

Another aspect of scholarship is the dissemination of knowledge. Knowledge that is shared benefits society (Parse, 1994). Nursing scholarship should benefit society and improve the quality of health care (Armiger 1974; Lindeman, 1992). Parse (1994) believes that scholarship should be willing to risk change and challenge the status quo. Nursing literature reveals six characteristics of nursing scholarship: "Intellectual activity,

sense of curiosity, commitment to discovery of knowledge, dissemination of knowledge, contribution to mankind and society, and willingness to challenge the status quo" (Tolve, 1997, p. 48).

Nursing Education Acceptance of Boyer's Redefinition of Scholarship

A basic endorsement of Boyer's definition of scholarship has been discussed by nursing scholars. Shoffner, Davis, and Bowen (1994) have proposed a model of clinical teaching as a scholarly endeavor. They suggest that Boyer's broader view of scholarship lends legitimacy to teaching. Stark (1996) compares Boyer's broadened view of scholarship to traditional scholarship in nursing and found it congruent with current and future trends in nursing.

Within Boyer's view, each area or function of scholarship would be given equal weight or weighted according to the individual university's mission statement. Boyer cautioned against universities adapting the same model as research institutions without customizing what is considered "research or scholarship" to that particular university mission. Faculty practice could cross into all areas of scholarship but should relate to one's area of expertise and have the same rigor and accountability (peer review) associated with it as traditional, current research. Therefore, simply "moonlighting to maintain clinical skills" would not qualify for scholarly faculty practice because there is no peer review process (Ford & Kitzman 1983).

Several nursing schools have adopted Boyer's expanded definition of scholarship as a basis of promotion and tenure criteria (Brown, Cohen, Kaeser, and et al. 1995). The

American Association of Colleges of Nursing (AACN) published a position statement on faculty practice in 1999 that supports this comprehensive view of research. In this statement, AACN defines research in nursing as those activities that systematically advance the teaching, research, and practice of nursing through rigorous inquiry. AACN proposes that research questions would need to meet the following criteria: Is it significant to the profession; Is it creative? Can it be documented, replicated or elaborated?; and Can it be peer-reviewed through various methods?

The AACN (Pohl, 2000) operationalized Boyer's expanded definitions and views of research in its 1999 position statement:

> Discovery - where new and unique knowledge is generated.
> Teaching - where the teacher creatively builds bridges between his or her own understanding and the student's learning.
> Application - where the emphasis is on the use of new knowledge in one's discipline to solve society's problems.
> Integration - where new relationships among disciplines are discovered. (p. 372)

Tolve (1999) surveyed a stratified, randomized group from the American Association of Colleges of Nursing (AACN). This group consisted of nurse practitioner faculty and deans and concluded that both groups believe faculty practice should be considered scholarly as long as there are scholarly outcomes resulting from that practice. Tolve concluded that since the two groups were not far apart in their value of faculty practice, perhaps it could be incorporated into the tenure and merit review system of universities.

Glassick (1999), in an address to the AACN, expanded on Boyer's work and outlined the hallmarks of scholarly nursing practice. The hallmarks identified should reflect the following: clear goals; adequate preparation; appropriate methods; significant

results; effective communication; and reflective critique. Glassick's work clarified what should be considered as faculty practice for nursing faculty.

The domains and competencies of nurse practitioner curriculum are established by the National Organization of Nurse Practitioner Faculties (NONPF). This criterion is utilized to establish how programs are evaluated for accreditation. NONPF also outlines competencies that are tested on during the national certification test each graduate must take in order to practice. NONPF recommends that faculty practice be viewed as "an essential component of scholarship that should be encouraged and rewarded through merit review as long as scholarly outcomes are demonstrated" (Pohl, 2000). NONPF recommends that the standards of scholarship described by Boyer and expanded by Glassick be used as a guideline for evaluation when considering scholarship for faculty practice.

The American Academy of Nurse Practitioners sees faculty practice as a model to unify education and they have been cited with this opinion in nursing literature since 1964. While most of this literature was descriptive and philosophical in nature up until the late 1980s, literature shifted its focus to the practical side of faculty practice since that time (Bragger, Nugget, & Bridges, 1992). The American Academy of Nursing's resolution in 1979 endorsing faculty practice as a means to cement the relationship between education and service has significantly increased interest in faculty practice (Busby, et. al, 1996).

Nurse Practitioner Education Among Nursing Schools

In graduate nursing education, there has been unprecedented growth of nurse practitioner programs due to market demands (Sneed, et. al, 1995.) This was in response to increased demand. The Pew Commission recommended doubling the number of nurse practitioners between 1994 and 2000 to assist society because of the severe shortage of primary care providers (Pew, 1994). The American Association of Colleges of Nursing (AACN) recommended in 1997 that "…the chief priority for master's curricula should be the preparation of advanced practice nurses" (p.4). This recommendation was due to the increased demand and role expansion of the advanced practice nurse such as the nurse practitioner. In 1998, graduates of NP programs rose by 15.8% and over half of all nursing students enrolled in graduate education were seeking an NP education (Amella, 2001).

The nurse practitioner is an advanced practice nurse who works in a specialty setting such as primary care, pediatrics, geriatrics, intensive care, or the neonatal nursery. Nurse Practitioners (NP) are direct care providers who often provide primary care. The government recognizes that there is a projected shortage of primary health providers, because there has been a noticeable decline in medical students enrolling in general medicine or primary care to less than 50% of all medical students. In some areas, less than ten percent of graduating physicians choose to go into primary care (Schwartz, Ginsburg, & LeRoy, 1993; Bond, et al, 1996). The government saw NP as an inexpensive and effective alternative to providing primary care for the country, especially in rural and medically underserved areas. The NP is now established as a cost and

outcome effective provider of primary care (Office of Technology Assessment, 1986). Additionally, the cost of clinical skills for NP are a significant educational savings over the cost of clinical skills for a medical doctor. The cost of training a NP is approximately one-fifth of what it takes to educate a physician (Safriet, 1992; McGrath, 1990). A NP is able to provide 90% of the care for pediatrics and 80% of the care for adults that a physician is able to at a reduction of between 4%-37% of the cost. (Spitzer, 1996).

Faculty Practice Among Nurse Practitioner Faculty

Faculty practice was not an issue in the beginning of nursing education because the educator was the practitioner. However, with the relocation of nursing education to an academic location and out of the hospital, the problem of how faculty remain current or retain nursing clinical skills began to surface (Potash &Taylor, 1993). Faculty practice has become a component of nursing faculty role expectation in many schools. There are several ways to define faculty practice. Each definition is usually specific to the setting in which that faculty practice occurs. Multiple definitions of faculty practice may be due to the contextualization of the faculty role or to the evolving nature of faculty practice and its response to local health care needs (Sawyer, 2000). Budden (1944, p. 1241) defined faculty practice as, "a formal arrangement which exists between a clinical setting and a university which allows nursing academics to consult and deliver services resulting in research and scholarly outcomes." Nursing literature includes several roles for faculty practice in the general nursing faculty population: consulting, counseling, teaching, or care giving. The services provided by general nursing faculty can be both direct and indirect care (Sawyer, 2000). Faculty practice has been debated in nursing literature since

the early 1980s and it appears that the definition of faculty practice continues to broaden. Faculty practice encompasses "…those activities that maintain clinicals skills or promote scholarship thereby resulting in improvement of patient care and the advancement of nursing science" (Just, 1989, p. 164).

By 1993, The National Organization of Nurse Practitioner Faculty (NONPF) stated that faculty practice should include: clinical consultation, volunteering professional services, working part-time (moon lighting), clinical research, and teaching students in the clinical setting (Potash & Taylor, 1993). This broad definition included all activities that both undergraduate and graduate faculty did to retain clinical skills. These areas are extremely difficult to objectively quantify outcomes to use in evaluation. Therefore, administration often did not include faculty practice in their tenure and promotion practices (NONPF, 1992).

The National Organization of Nurse Practitioner Faculty (NONPF) failed to narrow that broad definition of faculty practice because it recognized faculty practice to "…include multiple roles, in multiple settings, while using multiple structural and economic models" (Marion, 1997). However, in the early 1980's society was asking nursing education to produce an advanced practice clinician, which was called an advanced practice nurse. This caused nursing educators to rethink the significance of faculty practice. Physicians (Pohl, 2000a) did much of the early training for advanced practice nurses. This led to the misconception that advanced practice nurses, including nurse practitioners were seen as physician extenders.

Nursing educators realized that in order to create an advanced practice nursing degree truly focused on nursing and not focused on the medical model, nurse educators had to become expert practitioners. As Pew (1991, p.6) stated, "the faculty required for these advanced clinicians must be doctoral prepared nurses who are themselves clinically proficient." The accreditation agencies for advanced practice nurses realized that clinical practice was necessary and therefore, imposed a practice component for continued certification. Currently all faculty teaching in specialty areas are required to be certified in the specific areas that they teach. It has been the combination of society demands, the practical realizations when actually offering advanced practice nursing programs, and the demands of certification agencies that motivated several nursing schools to include practice as a legitimate faculty role (Potash &Taylor. 1993).

By the early 1990s, faculty practice was becoming widely discussed in literature. Potash and Taylor (1993, p. 2-3) state that "…in spite of the lack of consensus about its definition, purposes or implementation, faculty practice was increasingly becoming prevalent among nurse educators."

Nurse educators and administrators began to realize it was time to narrow the definition of faculty practice and have objective outcomes that were measurable. Measurable outcomes will increase the likelihood that faculty practice will be considered as part of the workload. There have been several studies attempting to refine the definition of faculty practice. In 1983, Anderson and Pierson surveyed 986 baccalaureate faculty. They found that approximately 69% of nursing faculty practiced in a clinical setting for eight hours a week when the faculty practice was defined as moonlighting. In a

national survey in 1989 of both associate and baccalaureate faculty they found that 69% were involved in faculty practice if the definition of faculty practice included teaching students in the clinical area. Only 20% of this sample reported a consultant type of faculty arrangement and 10% reported a researcher or private clinical practice. Since "moonlighting" is often done to generate money and faculty would teach students during clinical anyway, both of these areas are difficult to assess and evaluate. Therefore, it is understandable that universities have historically been reluctant to include "moonlighting" and student teaching in consideration for merit reviews.

Few will argue that faculty practice is needed today, especially for people teaching clinical courses for advanced practice nurses. The American Association of Colleges of Nursing (AACN 1999) has acknowledged the scholarship of practice as a critical component in the maintenance of clinically competent faculty in the current academic setting. The AACN has again endorsed faculty practice because it incorporates all of the traditional roles of nursing faculty: research and publication, teaching, and service (Resnick, 1999).

The discussion about faculty practice now revolves around making it scholarly, objectively measured, and ways to incorporate it into the tenure and/or merit review system. Tolve (1997) found that scholarship in nursing occurred when there was generation, application, dissemination, and advancement of nursing knowledge. Tolve concluded that faculty practice roles could be considered a component of scholarship, as long as scholarly outcomes are demonstrated.

Resnick (2000), in an effort to mainstream what would be considered scholarly faculty practice, mentioned four common characteristics of faculty practice: structure, preparation, reflections, and student involvement. Faculty practice will have to produce scholarly outcomes in order to be evaluated and considered for tenure and promotion (Pohl, 1999). These general areas correlate to what Boyer (1990) suggests for scholarly practice as " Activities that relate to one's area of expertise and knowledge, and this effort is serious and demanding requiring the same rigor and accountability (peer review) associated with research activities" (p. 35).

Diamond (1994) states that within every discipline there are "Scholarly and professional activities that have not traditionally been recognized in the faculty reward system (p. 65)." Since there is no definition that all disciplines will agree on, there are characteristics of professional activities that can be considered scholarly if these activities:

1. Requires a high level of discipline-related expertise.
2. Break new ground or are innovative.
3. Can be replicated or elaborated.
4. Can be documented.
5. Can be peer-reviewed.
6. Have a significance or impact. (p. 66)

Diamond (1993) suggests that these characteristics can be adapted by departments to determine the scholarly nature of faculty work.

Glassick (1999) expanded on Boyer's work to offer six measures on how any form of scholarship might be evaluated. Pohl (2000) discusses how NONPF has

elaborated on Glassick's definition of scholarship to make it specific for nurse practitioner faculty:

> Clear goals. The practitioner will state the overall goal of improving the health status of an individual/community, and then add additional goals as needed for the appropriate practice settings.
> Adequate preparation. The individual practitioner will demonstrate that s/he has attained the necessary education and experience to provide expert care in the practice setting. Clinical excellence requires both maintaining national certification and continuing growth and experience through practice and continuing education.
> Appropriate methods. The practitioner will incorporate evidence-based methods and innovative delivery system components into practice as evidenced by current standards, protocols, and research.
> Significant results. The practitioner will monitor the effectiveness of one's advanced practice nursing interventions through a variety of quantitative and qualitative methods.
> Effective communication. The practitioner will share methods of care delivery, interventions, and unique experiences through broad methods of dissemination including presentations, publications in professional and consumer literature, and enhanced teaching.
> Reflective critique. The practitioner will continuously attempt to improve practice expertise by ongoing self and peer evaluation, and by identifying areas for further research.

These general areas are also reflected in what Diamond (1994) considers scholarship. The specific definitions by the NONPF are a leadership response to the American Association of Colleges of Nursing's request in 1993 that "There should be a redefinition of scholarship in light of the reality of the practice environment for faculty and students" (p.3). NONPF has done this for nurse practitioner faculty and the descriptions presented by NONPF can also apply to other nursing faculty.

Ford and Kitzman proposed a shorter definition of faculty practice in 1983 at the first faculty practice symposium of the American Academy of Nursing. They stated that "…activities related to the care of patients must meet two criteria in order to be

considered faculty practice: they must be scholarly in orientation with associated scholarly outcomes and they must have the care of patients as their central focus" (p. 13-14). Within this definition, clinical teaching with students cannot be considered faculty practice because this has as its primary goal the education of the student. This paper has adopted this definition for the following reasons. The Ford and Kitzman definition has retained the concepts included in longer or more recent definitions of faculty practice. Secondly, it is clear enough and concise enough for people completing a survey to quickly read and comprehend. Thirdly, this same definition was used in Tolve's study in 1997 (of which this study is patterned after). Therefore, for the purpose of this study, the definition of faculty practice by Ford and Kitzman (1983) will be used.

Development of Faculty Practice in Nursing Education

The call for nursing faculty to be involved in the practice setting is nothing new. As early as the 1950s, some nursing leaders like Virginia Henderson encouraged nursing to return to the clinical setting. Several nursing leaders have tried to provide models of how this can be done. Schlotfeldt, in the early 1960s, allowed faculty at Case Western Reserve University to accept leadership positions at local agencies (Fagin, 1985).

In the 1970s, deans of nursing schools recognized the need for faculty practice and produced a Statement of Belief in Faculty Practice that "legitimized" the integral part of practice in the faculty role (Christman, et al. 1979). Funds from the Robert Wood Johnson Foundation paid for key members of the American Academy of Nursing to hold symposium in 1983, 1985, 1986, and 1987 to discuss various aspects of Faculty Practice (FP). These faculty practice symposia produced papers, new definitions, outcomes of FP,

and outlined models and methods for FP (Barnard, 1983; Barnard & Smith, 1985; Feetham & Malasanos, 1986). In the 1980s, the American Academy of College of Nurses advocated interaction between nursing education and nursing service. As a result of these events, faculty practice evolved into an integral part of the nursing faculty role. Mauksch (1980) stressed how imperative it was for nurse faculty to practice in order to reclaim our influence over the practice of nursing.

Barriers to Faculty Practice

While everyone in nursing education and key policy makers (Pew) accepted the philosophy of faculty practice it was still having problems being implemented in some schools. These difficulties were and are due to four major obstacles to faculty practice: lack of time, inadequate support, no academic rewards, and little or no financial rewards (Potash & Taylor, 1993). The greatest need of nurse practitioner faculty is to be current in medical management of health care issues. Other knowledge of the advanced practice nurse such as health promotion or nutrition are more easily attained (Fenton, 1988). To keep up with medical management takes considerable time dedicated to maintaining this skill. This is the reason why interns and medical students spend such long hours in clinical settings.

To maintain certification as a nurse practitioner, the American Nurses Credentialing Center (ANCC) requires 1500 hours of direct patient care in the area of the nurse's specialty practice at an advanced level in a five-year period. This means that the NP is writing the orders instead of reading and following the orders of another. This practice requirement is equivalent to 7.5 weeks of full time practice per year or about one

day a week. Full time faculty may use up to 500 hours of didactic lecture in content for their specific area toward the practice requirement (Barger, 2000; ANCC, 2001). In addition to the practice requirement, there are fifteen continuing education contact hours required per year. In addition to these requirements placed on nursing faculty by accrediting agencies, many universities expect faculty to publish articles in peer-reviewed journals in order to consider that faculty practice as scholarly.

Therefore, one of the obvious barriers for NP faculty is the time spent on FP above and beyond what other faculty do for scholarship (Fenton, 1988; Nugent, Barger, & Bridges, 1993). In addition, NP faculty teach greater than fifty percent of all nursing students in graduate education and they are not fifty percent of the overall graduate faculty (Amella, 2001). An alternative to the additional time required of NP faculty is to integrate their research and education activities into the faculty practice role (Potash &Taylor, 1993). Amella (2001) states that 81% of faculty doing FP precept students in their practice. Precepting students allows mainstreaming of roles and also provides better evaluation of students because faculty are able to control the environment of their FP site better than that of regular preceptor sites (Hale, 1996).

The Dilemma of Deans

Lack of support from administrators, especially at the dean or department chair level, is a hindrance to FP. However, if there is support at this level, FP is more readily achieved even if there is not as much support at the school or university leadership levels (Pohl, 2000b). Administrative support comes in the form of release time to perform FP or consideration of FP for tenure and promotion. In a national survey conducted by Pohl

(2000b) all NONPF members (892) were surveyed and the response rate was 51% or 454 people and 318 institutions representing 75% of the sample who were practicing. Of this practicing group of NP faculty, they reported their institutions support of FP as follows: "FP encouraged" FP (51%), "FP neither encouraged or discouraged FP (30%),""FP is required if teaching APN courses (13)%, and (6%) stated "FP was required for all NP faculty"(Pohl, 2000b).

In the same study, Pohl asked if faculty practice was considered in promotion and tenure. The responses were: *no* (51%), *considered for both promotion and tenure* (34%), *considered for promotion only* (14%), *and other* (1%). When asked how faculty practice is weighed, 60% said FP counts for less than teaching and research, 20% said it was equal to teaching and research, 14% said it was less than research but equal to teaching; and 6% said it was less than teaching but equal to research. A statistically significant difference was found between the faculty who reported that they were not currently practicing--50% were tenured whereas 36% of non-tenured faculty were not practicing. Non-research intensive universities were more likely to exclude FP from being considered in full time equivalent than research intensive universities. These findings reiterate the necessity to reward something that is a desired outcome because this often determines how time is spent. Department level positive outcomes for FP can be achieved as merits and rewards are directly linked to FP. (Busby, 1996).

Deans generally support the release time required for faculty practice as they realize that certification is needed in order to teach in an area (Tolve, 1997; Budden, 1994). However, there is a dilemma on how to pay for this time and how to reward it.

Their dilemma pertains to either paying for the release time or figuring out how to measure what the university receives from this release time (Seldin, 1984, and Taylor, 1997). Pohl (2001) and NONPF recommend that there are measurable outcomes to be used in evaluating the outcomes of faculty practice. The objective outcomes of faculty practice identified by NONPF include, but are not limited to: maintenance of certification, case studies, clinical focused articles, data driven research, increased opportunity for funding dollars, and revenue generation for the university to provide for or augment faculty salaries (Pohl, 2001).

Secondly, deans struggle with how to make the workloads of all faculty equitable. Deans and faculty struggle with the definition of equitable because equitable means fair and not necessarily equal. Many schools debate how the workload of NP faculty be adjusted to facilitate faculty practice. Research intensive schools are more likely to have tenured faculty in faculty practice which is considered part of their workload than non-research intensive schools (Pohl, 2001).

Role Strain and Role Stress Relating to Faculty Practice

Role strain is another obstacle to faculty practice. Lathean (1992) states that even though FP fills the gap between theory and practice, the role strain of multiple roles has been documented in nursing faculty in 1987 and 1992. Since terminal degrees are required for tenure, many younger faculty are also pursuing their doctorates in addition to their other roles. The multiple role demands on faculty result in role strain (Resnick, 1999). For faculty on the tenure track the "greatest challenge is trying to exemplify two roles simultaneously" (Busby, 1996, p. 315).

The strain that people feel varies based on multiple demands. Research studies that relate to role stress are limited. Lambert and Lambert (1993) investigated the psychological hardiness between nurse educators involved in faculty practice and those that were not. Findings showed negative correlations between role stress and the components of psychological hardiness for all nursing faculty. There was no significant difference found between faculty involved in faculty practice and those that were not in relationship to role stress and psychological hardiness. In 1993, a modified Delphi procedure addressed the challenge of integrating practice into the faculty role. From 299 currently practicing faculty identified personal and organizational issues as both facilitators and inhibitors to their practices. Strategies for facilitating faculty practice included addressing workload, promoting flexibility, improving communication, and including FP in tenure and promotions (Nugent, Barger, & Bridges, 1993; Busby, 1996).

Benefits of Faculty Practice

Benefits of faculty practice have been mentioned in more detail earlier but to summarize them, they are: keeping clinical skills current; faculty may serve as a role model for students; nursing education's influence on nursing increases; personal satisfaction is improved; generates revenue; and may occasionally supplement income (Potash & Taylor, 1993). Other possible benefits include research that improves nursing practice and health care and increased mutual respect between nursing education and nursing practice (Barton & Moritz, 2000). Faculty often find that it gives them confidence in their clinical competence in today's rapidly changing health care system (Just, 1989). An additional benefit to FP is forming joint clinical/faculty positions as a

good way to teach research and practice and thus show the value of FP. FP also opens the door to partnership grants with the community (Fenton, 1988). Surveyed faculty have consistently stated faculty practice provides a source of excitement, self esteem, and immediate gratification (Pohl, 200b; Busby, 1996).

Current Models of Faculty Practice

There are four basic models for faculty practice utilized by nurse practitioner faculty discussed by NONPF in their 1993 Faculty Practice Symposium entitled: *Nursing Faculty Practice: Models and Methods.* The first model is the unification model that was established in 1972. This unification model unifies administration of the clinical agency and the school of nursing. Faculty are jointly appointed to serve as both educators and clinicians. This model raises the visibility of professional nursing and has won support outside of nursing in the political arena.

The collaborative model formalizes collaboration between faculty and clinicians at joint appointments. In this model, the faculty primary responsibility remains with the school of nursing although they may also have a clinical appointment. The administration of the school and agency are separate but some of the salary costs might be shared (Fagin, 1985). The problem with the unification and the collaborative models is that they require a complex set of organizational changes to the universities. One example of the changes necessary is that the faculty need to be available on a specific day of the week in order to see patients at a clinic. This forces administrators of nursing schools to juggle the schedules of other faculty members in order to facilitate either the collaboration or unification of faculty practice.

The integrated model involves the faculty and graduate students sharing patient care responsibilities. The faculty member is the primary care provider for the patients, and supervise the students' assessment, diagnosis, and management of patients because as the students are required to be supervised and do not have prescriptive authority until after graduation.

The entrepreneurial model allows faculty the most freedom to design their practice, determine the objectives of the practice and provide client services as part of their faculty role. In this model the faculty might work in a private practice setting and assume the responsibility and risks for private practice, or work within an organization. This site might be a research or a teaching site. In this model, faculty are frequently paid for their services. Services provided often include direct patient care, consultation with patients or other professionals - patient-directed or professional education - or a combination of these roles. This model offers the most flexibility in how much faculty time is committed on a regular basis.

The model type used by a school of nursing is often based on the size of the nurse practitioner faculty (Busby, 1996). If the school of nursing is connected to a clinical site that has a medical school, there is often a unification structure model for faculty practice. However, with smaller schools or smaller faculty, the integrated or entrepreneurial model are more adaptable as they take less administrative oversight (Potash &Taylor, 1993).

Evaluation of Faculty Practice Sites

Evaluation of faculty practice sites are usually determined by three variables: faculty role integration, nursing control, and financial autonomy. Numbers can be

assigned to the defined dichotomy in each area in order to evaluate the effectiveness of a faculty practice site for promotion of teaching, research, and practice (Potash & Taylor, 1993). Faculty role integration refers to how well the practice integrates all of the roles of the faculty, teacher, researcher, and service or practitioner. The more integration of roles, the less time commitment is necessary to accomplish all these roles. Therefore, a highly integrated model is often desired (Just, 1989; & Potosh & Taylor 1983)..

Nursing control refers to the amount of control the nurse practitioner has over the practice. Nurse-managed clinics represent the highest value as the faculty can better control the patient volume and flow to meet student's learning needs in clinics where they have the authority to control decisions. Volunteering at a clinic has the lowest status, as the faculty member will probably not be able to change policy nor have room to allow students in the practice site. From the lowest valued to the highest valued scale on nursing control, NONPF outlined these adjectives: volunteer, employee, contract, nurse-managed and nurse-owned and managed.

Financial autonomy refers to the practice's degree of financial self-sufficiency. The practice is considered mature when it can sustain itself. Complete financial self-sufficiency means that a practice receives direct payment for its services in excess of expenses and is profit generating. This is the goal for the highest ranking in financial autonomy.

Students' Opinion on Faculty Practice

Resnick (1999) states that NP faculty practice can help students because it is a good site to evaluate students. NP faculty practice sites are good preceptor locations

because faculty know what students should know at various stages in their curriculum. Dewey states that professional students often need to be coached and not told what to do:

> The student has to see on his own behalf and in his own way the relations between means and methods employed and results achieved. Nobody else can see for him, and he can't see just by being "told," although the right kind of telling may guide his seeing and thus help him see what he needs to see (p. 151).

This coaching can be achieved at FP sites because the faculty can set the pace for student learning. FP increases time with students and this is particularly helpful for clinically weak students. It allows the faculty to evaluate students over an entire day versus an hour or two, which is the typical time spent visiting at preceptor sites (Resnick, 1999). In a study in 1986, baccalaureate students (N= 134) were surveyed on identical professional role variables. The students were divided into two groups, those that had professors in current clinical practice and those with professors not currently practicing. The students with a professor that was practicing scored higher on standard tests than students with teachers who were not currently practicing on variables such as autonomy, positive self concept, professional role obtainment, belief in the ability to control the work environment, and the knowledge of how to effect change (Kramer, 1986). Students said they could tell which professors were practicing not due to competence but rather due to the professor's confidence level. Professors currently practicing were "…perceived as more competent and having more social power by both the students and the nurses in the areas they teach"(Kramer, 1986, p. 292).

Faculty Development

There has been an increasing demand for nurse practitioner programs and nursing schools have found it difficult to find faculty who have a combination of strong advanced practice clinical backgrounds and collegiate faculty experience. Many schools have addressed this recruitment challenge by either having their graduate faculty add practitioner skills to their repertoire, or placing current practitioners in graduate teaching roles as new faculty (Jones & Norton, 1999). While this was a pragmatic way of dealing with faculty needs, both of these approaches may have developed faculty support and development needs which are not met by structures that have historically supported nursing faculty in a more traditional route to graduate education. By taking this nontraditional route to graduate education and combining it with difficult adulthood transitions discussed by Levinson, considerable stress can quickly mount for nurse practitioner faculty.

Adulthood is described by developmental psychologists as having stable and unstable periods. During stable periods, one can work clearly toward defined goals. Periodically, the individual must reorder priorities and modify behavior to accommodate for neglected dimensions of the self (unfulfilled ambitions, new interests, etc.) (Baldwin & Blackburn, 1981). Eric Erikson defines various developmental stages people experience as they psychologically develop. Most university professors find themselves in the middle years of adulthood. This age group is from 40-60 years (Hoffman, et. al, 1988). Erikson sees these middle years of adulthood as a time of "generativity" in which new priorities develop resulting in a larger sense of caring, reaching out to help others

and a feeling of sharing and belonging. Stagnation is at the other end of this developmental dichotomy. Stagnation results from feelings of isolation and a belief that one's work has little meaning (Baldwin & Blackburn, 1981).

Demands imposed by professional hurdles can profoundly impact the natural ebbs and flows of middle adulthood. New faculty have multiple demands on them and often little job security when annual contracts are all that is offered. Nurse practitioner faculty are expected to pursue a terminal degree while teaching and publishing. They also have mandatory faculty practice in order to maintain their license and teaching credentials. However, not all areas of faculty practice apply toward tenure eligibility (Boyer, 1990). Faculty who secure a tenure-tract position have two additional requirements: to publish regularly, and to serve on university committees.

Baldwin (1990) notes that all the pressure of these fixed responsibilities on younger faculty leaves little time for staying broadly informed of developments in one's field or for planning for an uncertain future. Management of multiple demands on faculty must be maintained to prevent burnout and preserve fragile faculty morale.

Mandatory requirements for faculty, such as faculty practice, should count toward promotion and tenure. Otherwise, it is demoralizing to the faculty performing faculty practice because it appears useless and to actually count against them. The time spent on faculty practice could be better spent on something that will help them achieve their professional goals (Jones and Norton, 1999).

Senior professors have another developmental stage of avoiding a career plateau and disengagement. Disengagement results in feeling isolated from disciplinary

developments and irrelevant to institutional concerns. Faculty at this stage in their careers have a great range of experience and depth of knowledge making them prime material for growth -- especially applied and integrative scholarship (Baldwin, 1990). Faculty practice provides an environment where mentoring, application, and integration of scholarship can occur (Resnick, 2000).

Since all faculty go through distinct developmental stages, Baldwin (1990) believes universities should plan to assist faculty in chartering these stages successfully. Boyer (1990) recommends creative contracts as a means for this to be accomplished. The faculty and institution would create a contract spanning and defining professional goals and a principle scholarly focus. This would allow faculty to focus on different dimensions of scholarship as they progress though various developmental stages and prevent burnout and stagnation. At the same time, it would allow institutions to build a faculty with the specific areas of scholarship desired. Diversity, not uniformity, is the key for faculty development and maintenance of good morale. Measurable, objective outcomes for creative contracts can be developed so progress can be monitored.

Boyer's work (1990) focused largely on individual faculty. Truly effective professors cannot work alone nor in isolation. Working toward a shared vision of scholarship provides the academic community with intellectual and social possibilities enabling a true service society. Scholarship should bring faculty together, not divide them into various degrees of mediocre clones all trying to do things better than the next guy. The time to celebrate our diversity and find discipline-specific measurable outcomes has arrived.

What This Research Contributes

Major nursing authorities, health care institutions, special interests groups, and society have recommended that faculty practice become part of the faculty role. There is increased prominence of practice in nursing schools among nurse practitioner faculty (Pohl, 2000b). Scholarly outcomes of faculty practice have been outlined and discussed in the literature. A national survey of NONPF members was conducted in 1999 and found that 76% of the nurse practitioner faculty are practicing but 63% of these were not tenured. Of the non-tenured nursing faculty, most continue to practice but 51% of this group stated faculty practice did not count toward their tenure or promotion at their institutions. Fourteen percent stated that FP only counted toward promotions but not tenure.

Nurse administrators have sought and received measurable scholarly outcomes for faculty practice. Since support at the level of the dean is the most critical component in support of faculty practice (Pohl, 2000b), it is now time to survey both deans and faculty to see if there has been increased support at the dean's level for faculty practice. It is time to compare the responses about support and value of faculty between deans and faculty. This comparison will examine if there is a true lack of support from deans for faculty practice or if there is only a perception of lack of support perceived by the faculty. It is necessary to assess the current acceptance of faculty practice in tenure and merit review. We must first know if faculty practice is accepted for tenure and promotion considerations in the schools that support this concept in literature. This information describes where we are and how we can make the demands on faculty more reasonable.

There is a projected severe nursing faculty shortage in the next ten years (Conklin, 2002; Hudson, 1998). Hopefully, with more reasonable demands on faculty, we can recruit the best and the brightest practitioners to lead nurse practitioner education for the next generation.

This data makes a case that more nursing schools will need a two tract route to tenure, one for traditional research and one with an expert clinician focus. Competence in practice is the method by which knowledge in the practice is both advanced and applied (AACN, 1999).

Evaluating where nursing is as a professional discipline is needed in order to direct where nursing will go in the future. It is the responsibility of nursing education, in collaboration with practice settings, to shape practice and not merely respond to changes in the practice and/or academic environments (AACN, 1997). This study examined nurse practitioner faculty practice inclusion as scholarly and how faculty practice is rewarded on tenure and merit evaluations among CCNE accredited nursing schools.

CHAPTER 3

RESEARCH DESIGN

The descriptive survey design was selected for this study. Burns and Grove (1993) define descriptive studies as "…designed to gain more information about characteristics within a particular field of study" (p.293). The descriptive design was selected because there are limited studies in the area of scholarship and in the professional discipline of nursing, especially as it relates to faculty practice and its inclusion in the tenure and merit review system. A dissertation by Tolve (1997) was utilized as a format for this study as her study most closely resembled the same type of research questions. The difference between this study and Tolve's is that this study looks at how faculty practice is reimbursed or included in the tenure and merit review system. Therefore, this exploratory study was conducted to provide new insights into the concept of faculty practice and nursing scholarship.

According to Polit and Hungler (1983), it is useful to obtain certain variables about a concept. This self-report instrument is limited however, to the willingness of respondents. While telephone interviews and personal interviews are also included in survey research, this study utilized only mailed surveys to collect the data. Advantages of the mail survey allow a wide distribution, quick response time, time to contemplate answers, and candid answers as the respondents are anonymous (Burns & Grove, 1993). Disadvantages to the mail survey include low response rate, lack of a way to clarify ambiguous questions, data missing from answers, and incomplete surveys. (Gall, Borg, &

Gall). However, due to financial and time constraints and the sensitive nature of reimbursement for faculty practice, the mail survey method was used in this study.

PROCEDURE FOR DATA COLLECTION

The sample in this study is CCNE accredited schools of nursing in the United States which offer a masters in nursing with a nurse practitioner concentration or tract. CCNE was contacted for their most recent list of schools with the above qualifications. Appendix A is the list of schools supplied by the CCNE which are actually tabulated by the Institutional Data Systems of the AACN for the years 2000-2001. This list includes 71 colleges and universities. The deans of each school of nursing will be contacted and given a cover letter (Appendix B) explaining the purpose of the study, sample group, instructions, contact numbers, self-addressed return envelope, and dean demographic sheet (Appendix C) and Nurse Practitioner Faculty Practice Questionnaire (NPFPQ) (Appendix D). In addition to answering the questionnaire and demographic information, the dean will be asked to circulate three additional faculty survey packets to three nurse practitioner faculty that are full time and teaching nurse practitioner clinical courses. The faculty packets included a cover letter (Appendix E), and faculty demographic sheet (Appendix F), questionnaire, and a stamped, self-addressed envelope.

In this study, the researcher utilized detailed explanations in the cover letter in an attempt to increase the response rate. The cover letter to every survey member clearly clarified the operational definition of faculty practice, and the purpose and procedure of the study. This letter was reviewed by research expects to ensure its accuracy and clarity.

The cover letter emphasized that their participation is a contribution to nursing knowledge in the area of scholarship and faculty practice as an additional incentive to return the questionnaire. The questionnaire for the deans and faculty were identical with the exception of differently colored paper to make it possible to compare aggregated dean and faculty responses. If needed, a follow-up second mailing of the survey packets was sent after three weeks to nonresponders in an effort to increase the response rate. This packet will be mailed to the dean of the institutions that had not responded. If the dean had returned their survey packet but the faculty of the institution had not, the dean will be asked to circulate the faculty survey packet once more to full-time nurse practitioner faculty who are currently teaching nurse practitioner clinical or specialty courses. At their request, the respondents were able to receive a summary of the study results.

Complete confidentiality was guaranteed in the cover letter by the statement that only the researcher would have access to the completed questionnaires. All data sheets were kept in a locked file and destroyed after the completion of the study. The respondents and their schools were not identified in any way in the results of the study. The questionnaires will be coded to permit the researcher to do a follow-up mailing with nonresponders.

PROTECTION OF HUMAN SUBJECTS

Prior to starting this study, the Institutional Review Board (IRB) of the University of North Texas gave their written approval (Appendix G). Recommendations from the IRB were implemented prior to the study. The review is considered exempt as survey

research presents minimal risk and all participants were over the age of 18. The participants are under no obligation to complete the survey. Return of the questionnaire implied consent to participate in the study. All responses were guaranteed to remain confidential.

INSTRUMENT

The questionnaire instrument was developed specifically for this study as there was no suitable instrument found in the review of literature. The questionnaire was developed to answer the research questions and guide the study. Recommendations for questionnaire development by Burns (1993), Frankfort-Nachmias, (1992), and Gall, (1996) were used in the development process.

Issues addressed in the questionnaire included: directions and introduction for the questionnaire, descriptive data on participants, and an assurance that replies will be confidential. Since the instrument solicited views or attitudes about scholarship in nursing, the majority of the questionnaire utilized an attitude Likert scale. This self-report data collection technique asks respondents to report their views on a four-point scale.

In the construction of the instrument, it is important to assure that the interpretation of the scores from the participants would be accurate, appropriate, and meaningful (Burns, 1993). The validity of an instrument is a "determination of the extent to which the instrument actually reflects the abstract construct being examined" (Burns, 1993 p. 342). Goodwin (1997) refers to validity as a degree of accuracy and

appropriateness of inferences from statistical tests as a unitary concept, or a matter of degrees rather than an all or nothing determination.

Multiple types of validity are measured before a determination can be made regarding the validity of an instrument. During the development phase of the instrument, the researcher gathered content validity evidence for the questionnaire. Content validity is the extent to which items in the instrument include major elements related to the construct being measured (Burns, 1993). This evidence was obtained from three sources: literature, representatives from the relevant population, and content experts during the development phrase of the instrument.

Based on the input from content experts, the questionnaire was revised. A pilot study was performed to gather further evidence for content validity. The pilot sample group included deans and full-time nurse practitioner faculty who are currently teaching clinical courses from three CCNE accredited nursing schools. In addition to completion of the questionnaire, the pilot sample was also asked to evaluate the questionnaire itself. The pilot sample provided information about the content, wording, and format of the questionnaire items. Most felt that the instrument was clear. Refinements were made based on feedback from participants in the pilot study.

Reliability is another important psychometric issue for this measure on scholarship in nursing (Burns & Grove, 1993). Reliability asks about the consistency, generalizability, stability, and dependability, of a test score. Reliability is categorized in several ways, with certain areas being more important for various reasons. Internal consistency reliability measures the extent of homogeneity among the items on the

measure. This estimate of reliability assists the researcher in looking holistically at one major concept, which is nursing scholarship and its acceptance in the tenure and merit review process. The internal consistency reliability was measured on the pilot study using Cronbach's alpha coefficient. The alpha is a statistic commonly used to estimate internal consistency reliability as it measures the extent to which test takers who answer test items one way will respond to other items the same way (Gall et al., 1996). Educational researchers generally choose to reject the null hypothesis if the *t* value reaches a significance level of or less than .05 (Gall et al., 1996). Analysis of the internal consistency in the pilot study had a Cronbach alpha of .7143 for hypothesis number one and .8971 for hypothesis number two. These are acceptable alpha for the instrument and show the instrument has internal consistency.

Pilot study clarification was made for the directions on the questionnaire itself and the refined measures were re-examined by subject matter experts to reassure content validity. In order to keep the instrument to a reasonable length (requiring under 15 minutes to complete), the questionnaire was kept to two pages (Burns & Grove, 1993). The final form of the questionnaire (Appendix D) was printed in an appealing format and color-coded with deans and faculty completing different colors respectively.

The questionnaire began with a brief letter of introduction, a definition of faculty practice, and instructions on who is included in the sample. Color-coded surveys were given along with self-addressed stamped envelopes. The survey consisted of nine Likert items and one qualitative question. The questionnaire itself was the same for the deans and the faculty. Demographic information gathered on each group varied slightly. The

respective demographic information sheets for the deans and faculty were included with the questionnaires. The demographic information for deans included questions asking if faculty practice is a requirement for tenure and promotion for nurse practitioner faculty and how faculty practice factored into calculation of workload. The demographic information for the nurse practitioner faculty asked questions regarding the type of certification, numbers of hours spent per week in faculty practice, and how the monies from faculty practice are distributed.

SAMPLE

The target population in this study was CCNE accredited schools of nursing in the United States that offer a Masters in Nursing with a nurse practitioner concentration or tract. CCNE was contacted for their most recent list of schools with the above qualifications. Appendix A is the list of schools supplied by the CCNE tabulated by the Institutional Data Systems of the AACN for the years 2000-2001. This list included 71 colleges and universities. The member institutions represent a broad mixture of public and private universities, and senior colleges across the nation.

There are 71 schools on this list but four schools no longer offer masters programs and therefore, were deleted from the sample surveyed. The schools deleted were Kansas Newman College, Monmouth College, Mercy University, and Fairmont State College. Baylor University was also excluded from this sample as the faculty is the researcher and the dean serves on the committee of this study. After deleting these five schools from the sample it left 66 institutions that qualified to participate in the study.

The institutions were classified into four types of institutions: public, private, private religious, and research intensive. Research intensive was defined using Pohl's 2000 criteria of having greater than 15 doctoral students enrolled. Research intensive schools could be either public or private universities. However, all respondents in this sample that indicated they were research intensive are public institutions. Therefore, only public research intensive university results will be discussed.

This broad representation of schools in a variety of geographic locations provided a truly representative national perspective on the issue of scholarship in faculty practice among nurse practitioner faculty. Deans of the school of nursing and nurse practitioner faculty that are full time and currently teaching a clinical course were included in the sample. One dean and three faculty from each institution were surveyed. Three faculty were surveyed from each institution in an effort to have an adequate response rate.

DATA ANALYSIS

The returned questionnaires were entered into the tenth version of Statistical Program for Social Sciences (SPSS) for analysis. Descriptive statistics on each question were computed. Descriptive statistics provide a method for organization of data in a way that gives meaning to the data allowing examination of a phenomenon according to Burns and Grove (1993). Statistical methodology used in this study includes Multivariance Analysis of Variance (MANOVA) to protect against a Type 1 error.

SCALES WITHIN THE INSTRUMENT

There are two scales computed from the data which reflect the measures that will be analyzed. Hypothesis one regards the inclusion of FP as a component of research. The first hypotheses, measured by questions one through four constitutes scale one. Hypothesis two relates to the inclusion of FP in the tenure and merit review system and is measured by questions five through eight address constitutes scale two. Since there are two dependent variables (the two scales) and one independent variable (the groups of faculty and deans), a MANOVA test can assess the difference between the two groups. If the F test in MANOVA indicates a difference between the two groups (faculty and deans), then a univariate ANOVA is done on each scale to determine on which scale there is a difference between the two groups. This study utilizes interval–level data that is required for ANOVA statistics.

QUESTIONS NOT ON A SCALE

Questions nine and ten regard outcomes of scholarly faculty practice. The definition of faculty practice for this study indicates that scholarly outcomes are required for faculty practice. Therefore, it is important to know what is considered a scholarly outcome of FP. Question nine addresses whether or not the respondent considers that there are measurable outcomes of faculty practice. The respondent had a four choice Likert scale to respond to this question. There are several options to question ten that were identified as current considerations of scholarly outcomes of FP in the review of literature. Frequency of each item listed in question ten will be calculated as a percentage. The open ended "other" option will be categorized by themes. Inter-rater reliability was estimated by having another researcher independently code a sample of the open-ended responses. All data was entered into SPSS and checked for accuracy in the exploratory data analysis. Findings of the data analysis are reported in chapter four.

CHAPTER 4

RESULTS AND DISCUSSION

This chapter presents the results of the data analyses. This chapter is divided into two sections. In the first section, the profile of the respondents is presented. The second section addresses the findings related to the first and second research hypothesis.

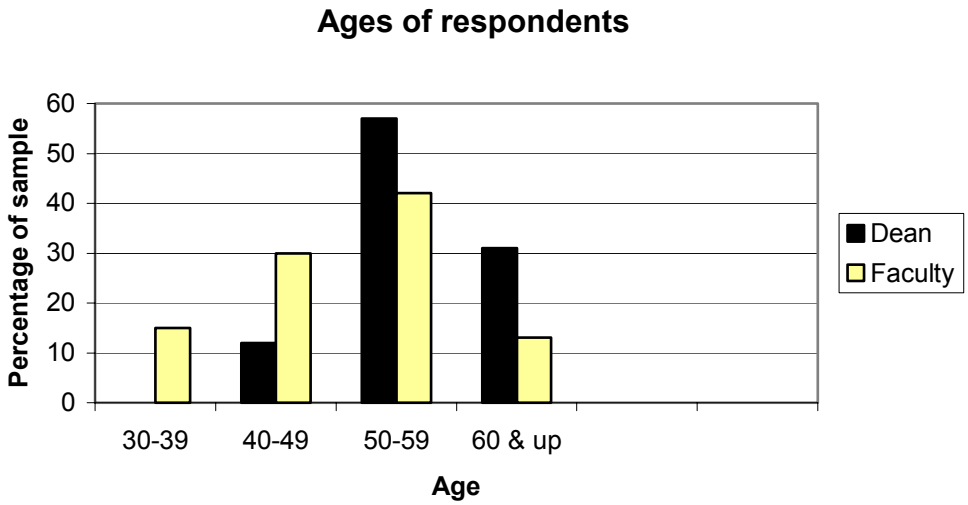
PROFILE OF STUDY SAMPLE RESPONDENTS

There were 66 institutions in this sample and therefore, 66 deans were surveyed. Upon completion of the data collection, 34 of the 66 Faculty Practice Questionnaires (FPQ) sent to the deans were returned for a 51 percent response rate. In order to have an adequate sample size while surveying faculty in the summer months, the number of surveys for faculty for each school was increased from two to three. Therefore, 198 FPQ were sent to the nurse practitioner faculty and 69 were returned for a 35 percent response rate. There were no unusable surveys from the 103 returned. Some surveys had one unanswered question and therefore, the valid percentage was used if any missing data was among the question evaluated. The number of missing responses will be indicated on each question as appropriate. This was especially prevalent in the demographic information section.

The goal in each of the sample sizes was 26 per group. This number would allow for an effect size (difference in the means) of 2.0, a standard deviation of 2.5, and a power of .80 for statistical analysis. However, since at least 34 were received in each group, the effect size used in this study was 2.0, standard deviation was 2.5, and the power was increased to .90 for the statistics used for on each scale.

DEMOGRAPHICS OF THE SAMPLE

The ages of the deans and the faculty are presented in figure two.
Figure 2: Ages of the Deans and the Faculty



Ages of the deans and faculty were reported in four categories, with the majority of deans and faculty ages falling in the 50-59 years category. Years in the nursing profession for deans were grouped by decades from 20-29 years, 30-39 years and 40 years and over. The range for deans fell within all of these categories with the most cost common group being 30-39 years in nursing (50%). Most deans were in nursing for ten years prior to entering nursing education full-time. Most deans selected years in nursing education full-time as 20-29 years (56%). The second most common group for years in nursing education was the 30-39 years group, which constituted 25% of the deans.

All except one NP faculty identified the years that they have been a nurse practitioner. Most have been a NP less than ten years (37%), the second most common group have been NP for 20-29 years (34%). The 10-19 years group came in third at (27%) and finally, 3% state they have been a NP for 30-39 years. Faculty also reported

their years in full-time nursing education education. Seventy-one percent have been in full-time education less than ten years; nineteen percent taught for 10-19 years and 10 percent have been in education for 20-29 years. The years in full-time nursing education for deans had ranges listed of 20-29, 30-39, and 40 and over. Most deans (50%) reported 30-39 years in full-time nursing education.

Combining the percentages of age for both the faculty and deans revealed 46 percent of the faculty and deans are in the 50-59 year old category. The second most common category for the combined deans and faculty ages are the 40-49 years group (25%). Followed by 19 percent in the 60 and older group. Only 10 percent of the combined faculty and deans are in the 30-39 years group. Faculty ages paralleled deans as per which decade of life they were in (most in their 50s, and second most frequent were in their 40s). However, in the 30-39 year category fifteen percent of the faculty were in this group but none of the deans were this young. The third most common age group for the deans was the 60 and up age category (31%). The range of the number of full time nurse practitioner faculty varied from 1-26 per institution with the majority being in the 4-7 range.

The educational levels of deans and faculty are reported in percentages in table one.

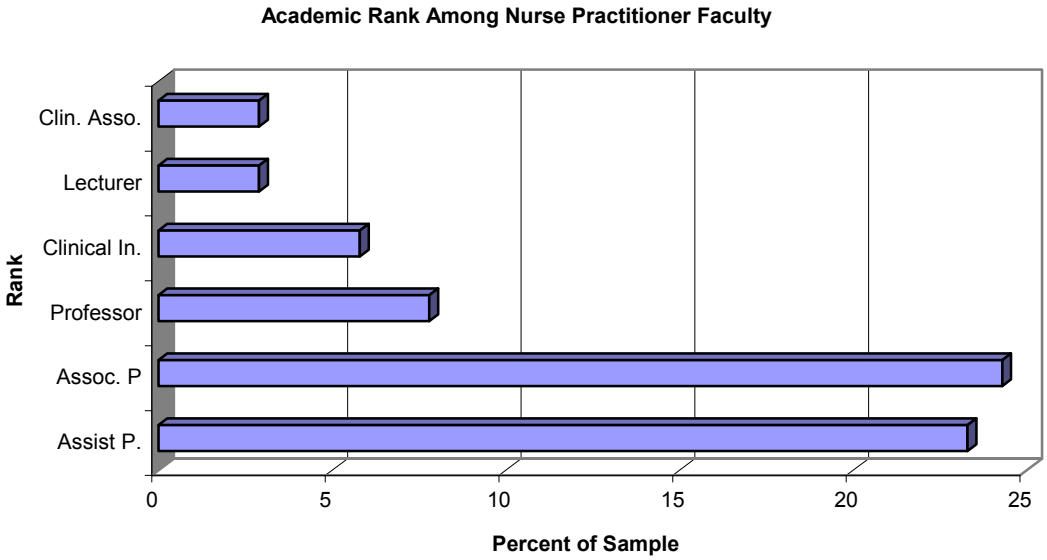
Table 1: Highest Educational Level of Deans and Faculty (Valid percentages used)

Education	Dean (N=33) missing one	NP Faculty (N=69)
Masters in Nursing	3	26
Enrolled in doctorate in Nursing	3	7
Enrolled in non-nursing doctorate	0	4
Doctorate in Nursing	46	30
Doctorate in non-nursing	48	33

Dean's average educational level was a doctorate with 46 percent of the doctorates in nursing and 48 percent were a non-nursing degree. The majority of the NP faculty had a doctorate in a non-nursing field (33%) followed closely by a doctorate in nursing (30%). The third most common highest level of education for NP faculty was a Masters in nursing (26%).

The academic rank among NP faculty is displayed in figure three.

Figure 3: Academic Rank among Nurse Practitioner Faculty (Valid percentages used)



Thirty-five percent of the faculty in this sample had tenure and sixty-five did not. The faculty rank in order of descending percentages of frequency was: associate professor (36%), assistant professor (35%), professor (12%), clinical instructor (9%), and lecturer and clinical associate professor trailed the sample with four percent each.

Areas of speciality advanced practice certification fell into eight categories displayed in table two.

Table 2: Advanced Practice Certification among Nurse Practitioner Family

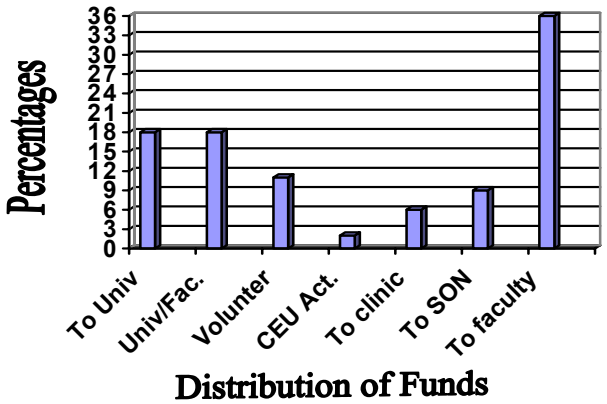
Specialization (N = 66) ∗Missing one	Valid Percentage of Sample
Pediatric	10
Family	37
Women health	6
Psych/Mental health	3
Acute care	2
Geriatrics	9
Adult	19
Two or More Specialties	14

Of those indicating certification in two or more specialties, 63 percent were certified in family practice plus one other area, 25 percent were certified in adult plus one additional area, and 12 percent were certified in geriatric plus one additional area. This study found the largest percent of NP faculty were certified in family practice (37%) and secondly adult practice (19%). There were neither school nurse nor neonatal nurse practitioners in the sample group.

The question regarding where the money from faculty practice goes was unanswered on 24 surveys which accounts for 34% of the sample. This was the most frequent unanswered question of the entire instrument.The two reasons for not answering this question fell equally (17%) into two categories. One, they were not in faculty practice at the time. Secondly, they reported no generation of income from their faculty

practice. Of the sixty six percent who answered this question their responses fell into the categories listed in figure four.

Figure 4: Distribution of monies from faculty practice(in valid percentiles)



Most of the money generated from faculty practice goes to the faculty member (36%). Money is split between the university and the faculty member 18% of the time, given to the university in 18% of the cases, services are volunteered and therefore no income generated in 11% of the cases, money is sent to a travel account for faculty in two percent of the time, it is reinvested in the clinic or practice setting in six percent of the cases, and money is given to the School of Nursing (SON) nine percent of the time.

The types of institutions were reported by all except two deans. The percentages of institutions represented in descending order of frequency are: public (50%); private/ religious (28%); public research intensive (13%); and private/secular (9%). Out of these institutions, a comparison was made looking at the type of institution and if FP is required for tenure and promotion. This data is presented in table number three.

Table 3 Type of Institution and Percentages of Frequency of Faculty Practice Required for Tenure and Promotion

Institutional Types (N =32) Missing 2	Yes FP Required	No FP Not Required
Public (50% of sample)	19	81
Private/ Secular (9% of sample)	67	33
Private /Religious (28% of sample)	44	56
Public Research Intensive (13% of sample)	0	100
All institutions combined	28	72

Private schools require faculty practice for promotion and tenure more than public and research intensive universities by about a 2:1 ratio. An observation is that research intensive universities do not require (FP) for tenure and promotion but, of those faculty at research intensive universities who are in practice 100% of them have FP counted as part of their workload as the table above reveals. Overall seventy two percent of the schools did not require FP for promotion and tenure. However, 75% of the faculty reported involvement in faculty practice in spite of only 28% of the institutions making this a requirement of tenure and promotion. Obviously, tenure and promotion alone are not a motivating reason for faculty practice. Maintenance of certification was identified most frequently as an outcome of FP by both deans (88%) and faculty (68%).

Investigation into the type of institution and their inclusion of FP as part of faculty workload was explored.

Table 4 Type of Institutions and Nurse Practitioner Faculty Engaged in Faculty Practice Constituting Part of Their Workload (in valid percentages)

Institutional Types (N =32) ∗Missing two	FP Considered in Workload	FP not considered in Workload
Public	81	19
Private/Secular	33	67
Private /Religious	56	44
Public Research Intensive	100	0
All institutional types combined	72	28

Research intensive universities in this sample always include faculty practice into faculty workloads. Public schools tend to include faculty practice into workload considerations more than private/religious or private/secular. Overall, 75% of schools have NP faculty engaged in FP and this FP was considered as part of their workload 72% of the time. It is interesting that 100% of research intensive schools consider FP into faculty workload because no research intensive schools require FP for tenure and promotion.

Deans were asked how many hours per week they provide for their faculty to practice.

Table 5: Time Allowed for Faculty Practice Per Week (in valid percentages)

Hours (N = 33) ∗Missing one	Responses of Deans
0-8	79
Contingent on Workload	12
Other	9

This question was only asked of the deans as they are the ones responsible for allotting faculty time. Most faculty practiced eight or less hours a week (79%). Twelve percent of schools base the number of hours allowed for FP on the workload of the faculty member for a particular semester. The nine percent that checked "other" stated that faculty release time is contingent on either workload or funding available for faculty release time.

The average hours worked per week of the 75% of NP faculty engaged in FP was eight or less (61%), followed by 36 percent reporting working 9-16 hours a week. Only three percent responded that they worked 17-32 hours a week in FP. There were no responses for greater than 33 hours worked per week.

Table 6: Type of Institution and Existence of a Faculty Practice Contractual Agreement (in valid percentages)

Institutional Types (N =32) ∗Missing two	Contractual Agreement Exists	No Contractual Agreement
Public	31	69
Private/Secular	0	100
Private/Religious	11	89
Public Research Intensive	50	50
All institutional types combined	25	75

Private/secular schools were the only institutions where there were no agreements for faculty practice. Twenty-five percent of deans reported having a contractual agreement in their schools.

Table 7: Classifications of Institutions with Health CentersWhere Faculty Practice
(in valid percentages)

Type of Institution (N =32.) ∗Missing data 2	Health Center Associated with Institution	No Health Center with the Institution
Public (50% of sample)	31	69
Private/Secular (9% of sample)	33	67
Private/Religious (28% of sample)	11	89
Public Research Intensive (13% of sample)	25	75
All institutions combined	25	75

Only 25 percent of the all schools reported having a health center associated with their school where faculty practice. The type of institution reporting the highest percentage of health care centers is the private/secular (33%) followed by the public at (31%) and research intensive at (25%).

FINDINGS RELATED TO RESEARCH HYPOTHESES ONE AND TWO

[H_1] There is a difference between faculty and deans' views of the value of faculty practice. This hypothesis is answered by scale one (questions 1-4). [H_2] There is a difference between faculty and deans' perceptions of incorporation of faculty practice in the tenure/merit review system. This hypothesis is answered by scale two (questions 5-8).

The descriptive statistics for scale one and scale two reveal a greater difference in sample mean for faculty and the sample mean for deans for scale one than scale two. This reflects the results of the univariate tests run after the MANOVA, which indicated a difference between faculty and deans on a combination of the two scales.

Table 8: Descriptive Statistics of Scale One and Scale Two

Scale	Group Compared	N	M	SD
Scale 1 Questions 1-4	Faculty Dean	67 34	8.2388 9.7647	2.547 2.9548
Scale 2 Questions 5-8	Faculty Dean	68 33	11.0588 11.1818	2.3492 1.97570

Table 9: Descriptive Statistics on the Overall Faculty Practice Questionnaire Measure.

TEST PERFORMED	Value of Wilks lamdba	Df		Multivariate F	P value
		NDF	DDF		
Multivariance test Wilks lambda	.931	2	96	3.538	.033
	Univariant F	DF		P Value	
Univariant test		NDF	DDF		
Scale 1 (Questions 1-4)	6.718	1	97	.011*	
Scale 2 (Questions 5-8)	.051	1	97	.822	
*indicates significance					

The *p* value of less than 0.05 for the Multivariant F statistic indicates a significant difference between deans and faculty when considering the two scales separately. The *p* value for the univariate F statistic of less than .025 was used here as the significance level to keep the family-wise type I error rate at 0.05 since there were two scales involved and thus two univariate F tests. The R^2 indicates the percent of variance in the scale accounted for by the difference in deans and faculty responses (Polit, 1983). For scale

one the R^2 was .065 indicating 6.5 percent of the variance in scale one is due to the difference in deans and faculty responses. Since the F statistic for scale two was not statistically significant one can conclude that there is no difference between faculty and deans responses on scale two.

Specific summary of the valid percentages on questions one through nine are displayed in table ten. The areas of difference between deans and faculty validate the results of the scale measures showing faculty and deans differ most on questions in scale one (questions 1-4) than on scale two (questions 5-8).

Table 10: Summary of Responses of Dean and Faculty on Questions 1-9 (in valid percentages)

Survey Question	Strongly Disagree		Disagree		Agree		Strongly Agree	
	Dean	Faculty	Dean	Faculty	Dean	Faculty	Dean	Faculty
Nurse practitioner faculty practice is considered as important as the research expectation of traditional faculty.	18	30	41	47	26	16	15	6
Faculty practice is equally important as research for the nurse practitioner faculty.	9	20	38	46	47	26	6	7
Faculty practice is more important than research for nurse practitioner faculty.	17	33	56	51	15	12	12	3
Faculty practice is less important than research for the nurse practitioner faculty.	12	7	53	28	27	43	9	22
In your nurse practitioner program faculty practice is included in the tenure/merit review system.	12	19	36	35	40	38	12	9
Faculty practice is included as a category in your merit/tenure system.	6	15	58	41	21	36	15	9
Faculty practice is included in the service expectation of your tenure/merit review system.	6	15	27	18	56	63	11	4
Faculty practice should be a legitimate valued component of the nurse practitioner faculty role for tenure/merit consideration.	0	0	3	0	47	26	50	74
There are measurable outcomes for faculty practice.	3	19	21	28	61	38	15	15

All highlighted areas show a greater than 10 point difference between the percentages of the responses of the deans and the faculty. The following is a key to the color coding highlights that allows one to group differences into categories.

Greater that ten points between percentages of responses of the two groups.
Fifteen points or greater points between percentages of responses of the two groups.
Twenty points or greater points between percentages of responses of the two groups.
Twenty five or greater points between percentages of responses of the two groups

Color-coding the differences in responses between the two groups supports the multivariate analysis of scale one and scale two. In scale one, where there was a significance between the responses of faculty and deans, there are seven highlighted areas that have greater than ten points difference between the percentages in responses of the two groups. On scale two (questions 5-8) there are only four areas where the responses are greater than ten points difference between the two groups. This supports the multivariate analysis that there is no statistical difference between these two groups for scale two.

Question nine asked if there are measurable outcomes for FP. The overwhelming majority of the deans agreed (76%) there are measurable outcomes as did the majority of faculty (53%).Interestingly that on the other end of the spectrum faculty were more likely (19%) than deans (3%) to strongly disagree that there were measurable outcomes for faculty practice.

Question ten addresses what are the acceptable measurable outcomes of faculty practice at the respondent's institution. The results are tabulated in table eleven.

Table 11:Responses to Measurable Outcomes of Faculty Practice (in valid percentages)

Measurable Outcomes	Dean's Responses	Faculty Responses
Maintain certification	88	68
Case studies	18	22
Clinically focused articles	62	36
Research focused articles	32	36
Service to community	79	62
Increased opportunity for funding dollars	35	20
Cost effective health care for students	12	10
Cost effective health care for the underserved	32	38
Revenue dollars for the university	15	19
No defined outcomes	27	29

In the top five most frequently identified measurable outcomes of faculty practice, the top two responses were the same for faculty and deans. The most frequently identified outcome of faculty practice for both dean and faculty was to maintain certification. The second most identified outcome of faculty practice by both deans and faculty is service to the community. The remaining four of the top six responses per group (faculty or deans) are different. The fourth through sixth highest percentages of the deans responses in descending order are: increased opportunity for funding dollars (35%); clinically-focused articles (32%); research-focused articles (32%) and cost effective health care for the underserved (32%). The top fourth through sixth most identified outcomes of faculty practice identified by faculty in descending order are: cost effective health care for the underserved (38%); clinical and research focused articles were both identified 36 % of the time; and the category labeled, "we do not have defined measurable outcomes for faculty practice" was identified (29%) of the time.

Cross tabs were done between each of questions 1-10 and the indicator variable for faculty and deans. Most showed too few counts in some cells to permit a valid Chi square test of independence to be compared. However, on the question of articles with a clinical focus as a measurable outcome of faculty practice, there was significant enough data to perform Chi-Square. The p value of the Chi was .014 indicating significance at the .05 level. Hence, whether a person answered "yes" on articles with a clinical focus as measurable outcomes of faculty practice is not independent of whether they were a faculty member or a dean. Deans indicated more frequently than faculty that clinically based articles are an acceptable objective outcome of faculty practice.

There were several Chi-squares where there were sufficient counts (>5 per area) to compute Chi square but the results of the Chi were insignificant. This was the case for questions regarding measurable outcomes of faculty practice such as: research focused articles; service to the community; increased opportunity for funding dollars; cost effective care for the underserved; revenue dollars for the university; and the category of no defined measurable outcomes of faculty practice.

Question number ten regards what are the measurable outcomes of faculty practice at their institution. Several outcomes found in the literature review were listed in addition to an open-ended "other" option. The last opened-ended "other" option was categorized by themes by the author and another researcher to assure inter-rater reliability. The themes discussed in the "other" category fall into five areas: clinical relevance, improves lectures, provides fodder and a location for research, provides a preceptor site, and generates revenue. The most commonly mentioned theme was

providing a preceptor site (three references) followed by clinical relevance and generation of revenue (both had two references). The two remaining themes, improving lectures and a research location theme only had one reference each. Two people commented that FP was considered for merit considerations but not for tenure.

CHAPTER 5

CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

This descriptive study was designed to investigate the following research hypotheses. [H_1] There is a difference between faculty and deans' view of the value of faculty practice. [H_2] There is a difference between faculty and deans, perceptions of incorporation of faculty practice in the tenure/merit review system. The author's discussion of the findings will attempt to highlight the findings and place them in the organizational framework of the review of literature. Clear implications have emerged from the findings of this study for education, practice, and research. Limitations are identified with recommendations for future research.

DISCUSSION OF THE FINDINGS

HYPOTHESIS ONE

At the heart of this research, two scales were developed to answer the two research questions. The first scale is answered by questions 1-4 and answers research hypothesis one regarding the value of faculty practice. The descriptive statistics for scale one revealed a difference in means between deans and faculty. Therefore, being either a faculty member or a dean varied the perceived value of faculty practice. The amount of variance in scale one that can be attributed to the difference in perception between deans and faculty was 6.5 %.

While the entire scale was measured as a whole to increase the validity of the findings, analysis of the areas of greatest difference between the responses of faculty and

deans revealed some amazing results. In general, deans were more likely than faculty to value faculty practice as compared to research. Looking at the two ends of the continuum revealed deans more likely than faculty to view FP as important as research than the faculty. Almost twice as many faculty verses deans strongly disagreed that FP is as important as the traditional research expectation of the faculty. On the other end of the continuum more than twice as many deans verses faculty strongly agreed that FP is considered as important as the research expectations of traditional faculty.

Question number two regards FP equally important as research and the results validated the results to question one. Deans were more likely than faculty to agree that FP is equally important as research. In addition to this faculty were three times more likely than deans to view FP as less important than research for NP faculty. Both groups disagreed that FP is more important than research but again the faculty group disagreed more strongly than the dean. Therefore, deans perceived FP as more important than the faculty did. Perhaps the deans have not communicated this value to the faculty. Since this research is limited to the FP of NP faculty teaching clinical courses one variable not accounted for is the opinions of non-NP faculty. As Tolve (1997) point out often deans do not vote on tenure issues. The tenured faculty often decides tenure. Since only 35% of the faculty sampled had tenure perhaps the tenured faculty opinion regarding FP is a variable that needs further exploration.

DISCUSSION OF HYPOTHESIS TWO

There was no significant difference between faculty and deans responses on scale two that was questions five through eight on the questionnaire. However, analysis of

question seven shows both deans and faculty count FP in the service part of the merit review. Question nine sheds light regarding views on measurable outcomes to faculty practice. Deans were more likely than faculty to agree that there are measurable outcomes for faculty practice. Both groups agreed on several acceptable outcomes of faculty practice. The difference among deans and faculty views regarding measurable outcomes for FP was most apparent in considering clinically focused articles as a measurable outcome of faculty practice. Deans were willing to accept this as a measurable outcome more than faculty were.

FINDINGS IN RELATION TO THE LITERATURE

Pohl (2000) looked at institutional types and found there was a difference in selected categories based on whether or not the institution was research intensive or not.

Table 12: Summary of Statistics Based on Institutional Type (in valid percentages)

Institutional Type	Percentage Of sample	Faculty Practice Required for Promotion and Tenure		Faculty Practice Considered Part of Workload		Faculty Practice Contractual Agreement exists w/school		School has a Health Center Where Faculty Practice	
		Yes	No	Yes	No	Yes	No	Yes	No
Public	50	19	81	81	19	31	69	31	69
Private Secular	9	67	33	33	67	0	100	33	67
Private Religious	28	44	56	56	44	11	89	11	89
Public Research Intensive	13	0	100	100	0	50	50	25	75
% Of all institutions combined	100	28	72	72	28	25	75	25	75

This study supported the same findings as Pohl and are outlined in the chart below. Specifically, faculty at research intensive universities are not required to practice for promotion and tenure but, if they do practice, are more likely than other schools to have this practice considered as part of their workload.

The degree of differences between deans and faculty on questions 1-9, show that deans are more willing to accept greater diversity among expectations of the faculty. This willingness of the deans to accept more diversity was also the finding of Tolve in 1997. Tolve discussed this finding and concluded; "… nursing faculty might not be as familiar as deans are with the contemporary writings on scholarship in the field of higher

education which are currently proposing acceptance of more diversity in scholarship. Also, nursing deans typically have more involvement in the workings of the university and therefore, more exposure to other academic disciplines and their views on scholarship which may have affected their views on the hierarchical rating of the components of scholarship" (p.120).

Faculty struggle to balance all the components of scholarship while maintaining clinical expertise. Faculty are more concerned than deans that the faculty practice expectations consume time that might be better devoted to research and publication. While faculty agree that FP is equally important for the NP faculty as research, they believe more strongly than deans that there are not measurable outcomes for faculty practice. The faculty were also more likely to agree that FP is less important than research, and more likely to agree that faculty practice should be a valued component of the NP faculty role for tenure and merit. This agreement on the value of FP comes in spite of the fact that faculty were less likely to agree than deans that there are measurable outcomes of FP.

Faculty do not view FP equally as important as research in the faculty role. It appears that the time and energy devoted to faculty practice instead of research and publications will not help faculty in their quest for promotion and tenure if most people on the promotion and tenure review boards are faculty. Deans are more willing to look at scholarship in a more diversified way than faculty. This was the same finding as Tolve and therefore this superior view of research over faculty practice has not changed since

1997. Faculty members continue to strongly regard the value of publications and research.

The discussion of reconsideration of what is considered scholarship discussed by Boyer (1980) in his seminal work, *Scholarship Reconsidered* continues today. There is still much debate on what is scholarship and expanding the definition and acceptance of scholarship beyond research. However, there is unity among faculty and deans that FP should be a legitimately valued component of nurse practitioner faculty's role for tenure/merit considerations.

The review of literature reveals two studies similar to this research, which are Tolve's study in 1997, and Pohl's study in 2000. The questions asked in each study were similar and allow for a comparison of the progression of view along some common questions. The three studies are compared in chart number 13 below. Some areas are blank because all three studies varied somewhat and therefore may not of asked all the same questions. Both Tolve and Pohl's research were discussed in detail earlier and contributed to the formation of questions in this study.

Chart 13: Comparison of this research with Tolve's (1997) and Pohl's (2000) Results in Percentages

Category	Tolve study 1997 N=576		Pohl study 2000 N=454	Roberts study 2002 N=103	
	Faculty N= 402	Dean N=170	Only faculty surveyed	Faculty N=69	Dean N=34
Age	40-49= 39 50-59= 47 >60=7	40-49= 27 50-59=55 >60=15	50	40-49= 30 50-59= 42 >60=13	40-49= 12 50-59= 57 >60=31
Years in nursing	28	31	15 as adv. practice nurse	<10= 37	40-49
Years in nursing education	16	21	8.5	<10 =71	30-49
Highest Education level	77 doctorate	92 doctorate	60 doctorate	63 doctorate	94 doctorate
Academic Rank of most of faulty or dean	Associate & assistant professor 77	Professor 62	Associate and assistant professor 72	Assistant & associate professor 71	Did not ask deans
Certification area	Family & adult 57	N/A	Did not ask	Family & adult 66	N/A
Tenured	Yes-54 No-42	Yes- 7 No- 27	61 % in tenure track	Yes- 35 No- 65	Did not ask
Faculty practice is considered part of workload	Did not ask	Did not ask	45	72	N/A
Faculty practice plan		Yes- 25	70 in progress		Yes 25
Faculty practice required for tenure and promotion	Required 4 Not required 95		Required 19 Encouraged- 51 Neither 30	Did not ask	Required- 25 Not required 75
Percentage in Faculty practice	43		75	75	Did not ask
Faculty Practice plan at School		Yes-25 No-75	Research intensive 53 Non research int. 24 All universities 30		Yes- 75 No-25
Weight of faculty practice in relation to Research ®	Did not ask		<teaching & ® 60 = teaching & ® 20 < ® but = teaching 14 <teaching but = ® 6	= ® 34 < ® 65 > ® 15	= ® 63 < ® 35 > ® 27
Academic health center	N/A	Yes- 19	Did not ask	N/A	Yes-25

Several things have remained constant in the five years that these three studies cover. The fact of aging faculty is noted. There are 31% of deans that could retire in the next five years. The academic rank of most NP faculty remains at the assistant or

associate professor level for most faculty. While the percentage of faculty with doctorates has risen from 60 to 77 percent. The percentage of doctorates in nursing versus non-nursing fields has remained constant at about 50/50. The most common certification area for NP faculty are the family and adult areas by greater than 50%. Faculty practice plans connected to universities remain at 25% of schools but Pohl found they were in progress at 70% of institutions. Since faculty practice plans were not defined in the studies, many respondents probably interpreted this as meaning different things accounting for the variation. Faculty stating they are currently in FP remains at 75% for the last two years, which is up from 43% in 1997. The same definition of FP was used in this study and Tolve's so the jump from 43% in 1997 to 75% in 2002 is a significant finding.

As to how FP should be weighted as compared to research the data in this study is compared to Pohl's study. This study has a major difference than Pohl's. This study looked at current practices in institutions today and Pohl asked for faculty viewpoints of how FP should be weighted in light of research for tenure and promotion. This reflects the desired outcome not what is currently in practice. Therefore, a straight comparison is impossible. In 2000, most faculty felt FP should be less than teaching and research (60%) in weight of evaluations. In this study faculty were asked their view of their particular institutions current policies and weight of FP in the tenure and review system. Interestingly 63% of the deans reported viewing FP equal to research. For some reason, deans value FP equal to research but the faculty do not pick up on this perception. In the Roberts (2002) study the answers to the question of the weight of FP in relation to research were tabulated by adding the responses that agreed or strongly agreed to the

corresponding question. Therefore, the responses do not add up to 100%. For the actual numbers in each category (agree and strongly agree) refer to table ten.

Changes found in this study not found in Tolve's or Pohl's include a higher percentage of non-tenured faculty. Perhaps this 25 % decrease in tenure is due to the question of not having a place where tenure track could be indicated in this study. More schools are including FP as part of the workload equation. This number increased from 45% in 2000 to 72% in 2002. The various wording of the two questions might contribute to part of this difference. However, one consistent factor is that while institutions are allowing time for faculty practice, this does not necessarily translate to FP contributing in the tenure and reward systems within the universities.

In Tolve's 1997 study, which used the same definition of faculty practice, there were several respondents who disagreed upon the operational definition of FP. In Tolve's study, she commented that some faculty indicated they have never thought of FP in a way related to scholarship and scholarly outcomes (p. 110). This was not the case in this study as there were no comments disputing the definition of faculty practice or the outcomes associated with the evaluation of faculty practice. In spite of this apparent agreement with outcomes of FP, there were still 27 % of deans and 29% of faculty responding that their institutions do not have measurable outcomes for faculty practice. Since the definition of FP has been debated in the literature and at conferences for years, perhaps nurse educators and deans have resolved that there will be no universal definition but that outcomes to FP must be objective and measurable.

The measurable outcomes for faculty practice listed appeared to cover the majority of perceived measurable outcomes of faculty practice because there were few comments that listed "other" outcomes for faculty practice. Three of the returned surveys indicated that a preceptor site is an objective outcome of faculty practice but this was the only addition to the list.

STUDY LIMITATIONS

Several limitations of the study were identified by the researcher limiting the generalizability of the findings. The limitations of the study were as follows:

1. This study only included deans and nurse practitioner faculty who teach clinical courses at CCNE accredited schools of nursing. Only schools that offered masters nurse practitioner degree were included in the sample. Therefore, caution must be exercised in generalization for other types of faculty or other types of schools.
2. All schools in the sample were included but a nonresponse error might be present given the mail survey nature of the study.
3. A respondent selection bias may have been present related to the use of e-mail as a form of follow-up with respondents. As a way to clarify ambiguous or confusing answers, the cover letter encouraged the deans and faculty to contact the researcher by e-mail or telephone if they had any questions or comments. Only three persons contacted the researcher. Two of these were deans indicating that their faculty are not on campus during the summer months. Some in the sample may have felt uncomfortable contacting the researcher as they might lose their anonymity if this

was done by e-mail. Deans of schools that had non-responders after three weeks were recontacted by e-mail in an effort to increase the response rate.

4. A respondent selection bias might have been present related to the topic of the study. Since deans were asked to identify qualified faculty and distribute the research questionnaire, the deans might have distributed them to faculty that are qualified but have a bias related to the topic of study. Faculty members who are more interested in this topic might be more willing to return the questionnaire than those not interested in the topic.
5. The questionnaire was developed specifically for this research. While it was pilot tested for reliability and validity, some limitations were clear after the data was analyzed. The question regarding the number of hours practiced per week had a category of less than eight hours a week. For more accurate results, this answer option should make clear that zero hours per week should not be included in this answer. There were only four choices on the likert scale so no neutral answer was possible. Some might have felt that this limited their true options in completion of the survey.
6. Finally, the limitations of mail surveys should be considered. One major limitation was that this survey was completed in the summer when it is hardest to contact faculty. While the number of surveys distributed per school was increased to three per school instead of two, the response rate of faculty was still lower that the response rate of the deans. Since four to seven qualified faculty were identified per school, future research should include a more appropriate number of surveys to better capture the entire sample.

GENERAL IMPLICATIONS OF THE STUDY

Tenure and promotion in and of themselves are not a motivating reason for faculty practice. Maintenance of certification appears to be the main motivating reason for both deans (88%) and faculty (68%) as this area was the most chosen measurable outcome of faculty practice. Since different specialties require different numbers for hours of practice per year to maintain their certification, the topic of faculty practice might not be an issue for some specialties of NP. However, the top two areas the NP in this sample were certified in were family and adult. Most policies regarding faculty practice will be geared toward meeting the practice hours of these specialties for recertification. The number of hours of faculty practice per week required in these two certification areas is generally one day a week. This correlates with the number of hours practiced per week in this sample as 79% of the sample practiced less than eight hours per week. Clear measurable outcomes of this FP need to be outlined and discussed what their weight is in the tenure and merit review system in each institution.

IMPLICATIONS FOR HIGHER EDUCATION

Higher education should resolve the dichotomy between certification requirements and FP demands on faculty time by either trying to have certification requirements adjusted or rewarding FP to decrease the role fragmentation of NP faculty. Since 100% of the faculty and 97% of the deans values the role of FP obviously the later seems like a more realistic solution.

The dichotomy between reality and perception of the value of FP appears to stem from a divergence in what is communicated and what is expected. Clear communication between the deans, nurse practitioner faculty, and those serving on tenure and merit review committees is needed to establish the value and reward of FP in various institutions. The outcomes of FP need to be clear to all involved in the review process.

CONCLUSIONS

Since there is no universal definition of FP accepted by the nursing discipline, the individual universities need to develop a definition of faculty practice that is congruent with the mission statement of their particular institutions. The emphasis of research as the best or only pure form of scholarship that can be rewarded will increase faculty fatigue and role fragmentation. Since most NP faculty are required to practice 6 hours a week for recertification requirements, the role conflict and fragmentation of NP faculty must be addressed. An expanded view of scholarship accepted at the university level can accommodate FP and integrate faculty roles thus decreasing role fragmentation and role stress.

The hard work of nursing educators to develop scholarship and research skills have increased nursing's respect in the academic community. FP is now more common in schools but does not always count toward promotion and tenure. Now is the time for nursing educators to re-examine scholarship in light of the expanded view of scholarship and prove to the university the value of FP on nursing and why it must be included in the evaluation and reward of faculty endeavors.

FP can be an expanded view of scholarship if outcomes are associated with it. These outcomes must relate to the discipline from which they come, even if based on other disciplines definitions to have validity and measurable outcomes within nursing' discipline. Then, and only then, will these outcomes be viewed as objective outcomes of FP and the legitimacy of FP will be established.

Now is the time for nursing to resolve the issue of how to reward faculty practice. Since most of the faculty in this study were not tenured and the retirement of 31% of deans in the next five years nursing does not have time to waste. The impending retirement of so many deans is significant because deans are far more willing than faculty to accept a wider view of scholarship.

FP is not just an issue for NP faculty. Greater than 50% of all graduate students enrolled today are in NP programs. Since the majority of current NP faculty are not tenured and most NP faculty have been in education less than ten years, the senior faculty are poised to find an equitable way to include FP in the evaluation and reward of faculty efforts. Without this consideration, FP becomes an additional responsibility the NP faculty have to juggle. By not taking action to find a way to incorporate FP into the NP faculty role and reward system, nursing education and particularly graduate nursing education are only hurting themselves. It is time to have realistic expectations of one another and support the various forms of scholarship that have creditable measurable outcomes.

IMPLICATIONS FOR PRACTICE

The results of this study identified the number one measurable outcome of faculty practice viewed by both deans (88%) and faculty (68%) as the maintenance of certification requirement. Since FP is uniquely required of NP faculty, perhaps nurse educators need to discuss this requirement with accreditors. While part of this faculty practice time can be counted if teaching advanced practice clinical courses, this stipulation is based on student enrollment and faculty have no control over this area. Therefore, most faculty do not rely on their teaching assignments to take the place of part of the required practice hours.

The shortage of nurses has impacted nurse educators and deans severely. As competition to recruit and retain faculty increases, the money generated from faculty practice can be used to generate income to augment the faculty salaries or departmental budgets. Rewarding FP in the evaluation process might be a recruitment tool for prospective faculty. FP allows faculty to serve as role models or mentors to younger faculty and nurses; preceptors to students, and clinical researchers to institutions. All of these roles are familiar to nursing faculty. Nurse educators need to decide on measurable outcomes to these roles of scholarship so they can be evaluated and rewarded.

Nursing literature has described FP as a critical bridge that crosses between the nursing practice arena and nursing education. Maintaining this bridge is necessary for nursing education to have an influence on nursing practice and to produce competent and confidant graduates and faculty. This collaboration and increased communication with the practice and academic settings will stimulate both the profession of nursing and

nursing education, enabling improvements and better meeting the health care needs of society.

RECOMMENDATIONS FOR FURTHER STUDY

More faculty are performing FP and about 75% of schools have a FP plan. The entire faculty in this sample agree that FP should be a legitimate valued component of the NP faculty role. Therefore, it is time for nursing education to explore ways to incorporate FP into the tenure and merit review systems to enable achievable tenure for NP faculty. However, with 65% of NP faculty not tenured and the retirement of 31% of deans in the next five years nursing does not have time to waste. The impending retirement of so many deans is significant because deans are far more willing than faculty to accept a wider view of scholarship. Further research needs to occur to discover the reasons why deans have a wider view of scholarship than faculty who are practicing. Further research is also needed to investigate the views of tenure and merit committees on the role of FP. The answer to that question may shape advance practice nursing in the future.

Outcomes are necessary for reimbursement. While there is no national consensus on the definition of FP, there is consensus within the literature that measurable outcomes are needed to enable evaluation of FP and include it in the promotion and tenure systems. Amazingly deans felt more strongly than faculty that there are measurable outcomes for FP. Further research into why NP faculty do not identify measurable outcomes of FP is needed.

Research regarding why clinical focused articles in peer reviewed journals are not seen by faculty as an outcome is needed. The clinically focused article makes sense as the NP faculty have expertise in this area and teach in a clinically oriented degree so why are these articles not acceptable to many faculty as an outcome of FP? The answer might again lay in the views of tenure committees consisting of more traditional faculty and thus more traditional faculty role expectations. At the very least this further research should look at what other disciplines define as objective measures of faculty practice. Deans appear to more readily recognize how other disciplines treat faculty practice and apply this to advanced practice nursing. Faculty would do well to educate themselves on the reasons for and rewards of equating faculty practice with research.

APPENDICES

APPENDIX A

CCNE ACCREDIATED NURSING SCHOOL WITH A MASTERS NURSE PRACTITIONER PROGRAM

Schools of Nursing with CCNE Accreditation Reporting Master's Level Nurse Practitioner Programs, Fall 2000.

Alabama
- Samford University
- University of Alabama at Birmingham

Arizona
- Northern Arizona University

California
- California State University-Sacrame
- Loma Linda University
- University of California-San Franci
- University of San Diego

Colorado
- Regis University

Connecticut
- Yale University

Florida
- Barry University
- University of South Florida

Georgia
- Emory University

Illinois
- Rush University
- Southern Illinois University
- University of Illinois at Chicago

Indiana
- Indiana University
- Indiana Wesleyan University
- Saint Francis College
- The University of Indianapolis
- University of Southern Indiana

Iowa
- University of Iowa

Kansas
- Fort Hays State University
- Kansas Newman College

Louisiana
- Louisiana State University Medical

Maine
- University of Maine

Minnesota
- Metropolitan State University
- University of Minnesota

Missouri
- Graceland College
- Jewish Hospital College of Nursing
- University of Missouri-Kansas City
- University of Missouri-St. Louis

Montana
- Montana State University

Nebraska
- University of Nebraska Med Center

New Jersey
- Fairleigh Dickinson University
- Felician College
- Monmouth College
- Saint Peter's College
- Seton Hall University

New York
- Binghamton University
- College of Mount Saint Vincent
- Hunter College of CUNY
- Long Island University
- Mercy College
- Molloy College
- Mount Saint Mary College
- Nazareth College of Rochester
- Pace University
- SUNY/Buffalo

Ohio
- Medical College of Ohio
- The Ohio State University

Pennsylvania
- Carlow College
- Pennsylvania State University
- University of Pittsburgh
- Villanova University

Tennessee
- Carson-Newman College
- University of Tennessee-Chattanooga
- University of Tennessee-Memphis

Texas
- Abilene Intercollegiate School
- Baylor University
- University of Texas-Austin
- University of Texas-El Paso

Virginia
- Old Dominion University

Washington
- Gonzaga University
- University of Washington

West Virginia
- Fairmont State College
- West Virginia University

Wisconsin
- Concordia University Wisconsin
- Marquette University
- University of Wisconsin-Madison
- University of Wisconsin-Milwaukee
- University of Wisconsin-Oshkosh

SOURCE: American Association of Colleges of Nursing, Institutional Data Systems, 2000-2001.
AACN is not responsible for errors in reporting by respondent institutions.

APPENDIX B

DEAN COVER LETTER

6/10/02

Dear Dean,

As a nurse practitioner faculty and doctoral student at the University of North Texas (UNT) I am asking for your assistance in expanding the knowledge base of nursing. This ten-item survey investigates the **current** state of faculty practice among nurse practitioner faculty that teach clinical or specialty courses. Secondly, this research explores how faculty practice time is included or rewarded in the merit or tenure review process. I am asking for information from deans, and from nurse practitioner faculty employed full-time and teaching clinical or specialty courses. The faculty responses will be compared to the responses from the deans.

This ten-item survey should not take more than ten minutes of your time. This study will look at **what is actually done at this time by colleges and universities** regarding the issue of faculty practice and its' inclusion in the tenure or merit review system. Only item number eight should reflect what **you think should be** done. Please remember to report **your institution's** current practice at this time on all items except number eight. For the purpose of this study, faculty practice is defined as activities related to patient care that meets two criteria: (1) they must be scholarly in orientation with associated scholarly outcomes and (2) they must have the care of patients as their central focus.

Your responses will remain confidential. No individual responses will be published. Only the analysis of the data will be published. The researcher will be the only one who has access to the completed questionnaires and all data sheets will be kept in a locked file cabinet and destroyed after the completion of the study. This study has been reviewed and approved by the UNT Internal Review Board. If you should have any questions you may contact myself, or my major professor Dr. Ron Newsom (940) 565-2722, or the UNT internal review board at (940) 565-3940.

As a dean please fill out the green colored demographic sheet and questionnaire and return them in the stamped self-addressed envelope. Please circulate the gold colored survey packets including the cover letter, demographic sheet, questionnaire, and stamped self addressed envelope to three full-time nurse practitioner faculty who are teaching nurse practitioner clinical or specialty courses. Please return surveys by July 1st. Your response indicates consent to be included in this research. If you should have any questions please feel free to call.

Sincerely,

Amy Roberts RN, MSN, MA, FNP-C

APPENDIX C

DEAN DEMOGRAPHIC SHEET

DEMOGRAPHIC INFORMATION FOR DEANS

Educational Level (Check all that apply)

- ☐ Master's degree in nursing
- ☐ Master's degree in non-nursing field
- ☐ Doctorate in nursing
- ☐ Doctorate in non-nursing field (including Ed.D., JD., PsyD., etc)
- ☐ Other

Age

- ☐ 30 - 39
- ☐ 40 – 49
- ☐ 50 – 59
- ☐ 60 & over

Years in nursing education full-time

- ☐ < 10
- ☐ 10 - 19
- ☐ 20 - 29
- ☐ 30 – 39
- ☐ ≥ 40

Years in nursing

- ☐ < 10
- ☐ 10 - 19
- ☐ 20 - 29
- ☐ 30 – 39
- ☐ ≥ 40

Type of Institution

- ☐ Public
- ☐ Private Secular
- ☐ Private Religious
- ☐ Research Intensive (> 15 enrolled doctoral students)

Do you have a Health Center associated with your school where faculty practice?

- ☐ Yes
- ☐ No

Number of full-time nurse practitioner faculty _

Is Faculty Practice a requirement in your nursing school for tenure and promotion of nurse practitioner faculty?

- ☐ Yes
- ☐ No

Does a faculty practice contractual agreement exist in your nursing school?

- ☐ Yes
- ☐ No

Do you have nursing faculty who engage in practice as part of their workload?

- ☐ Yes
- ☐ No

How much release time do you allow for faculty practice?

- ☐ 0 – 8 hours/week
- ☐ 9 – 16 hours/week
- ☐ Contingent on their workload
- ☐ Other (Please specify) _____

APPENDIX D

NURSE PRACTIONER FACULTY PRACTICE QUESTIONAIRE

Faculty Practice Questionnaire

Respond according to **your institution's** view and reward of Faculty Practice (FP) for full time faculty. Check the appropriate box. Only question number eight addresses **your view** regarding the value of FP. In this study faculty practice is defined as activities related to patient care that meet two criteria: they must be scholarly in orientation and they must have the care of patients as their central focus.

	Strongly Disagree	**Disagree**	**Agree**	**Strongly Agree**
1. Nurse practitioner faculty practice is considered as important as the research expectation of traditional faculty.				
2. Faculty practice is equally important as research for the nurse practitioner faculty.				
3. Faculty practice is more important than research for nurse practitioner faculty.				
4. Faculty practice is less important than research for the nurse practitioner faculty.				
5. In your nurse practitioner program faculty practice is included in the tenure/merit review system.				
6. Faculty practice is included as a category in your merit/tenure system.				
7. Faculty practice is included in the service expectation of your tenure/merit review system.				
8. Faculty practice should be a legitimate valued component of the nurse practitioner faculty role for tenure/merit consideration.				
9. There are measurable outcomes for faculty practice.				

10. Which of the following are measurable outcomes of faculty practice at your institution?

Please check all that apply

___Maintain certification
___Case Studies
___Articles with a clinical focus; such as treatment modalities
___Research focused articles
___Service to the community
___Increased opportunity for funding dollars
___Cost effective health care for students
___Cost effective care for the underserved
___Revenue dollars for the university
___We do not have defined measurable outcomes
___Other (specify and use the back as needed) _____
_____
_____

APPENDIX E
FACULTY COVER LETTER

6/10/02

Dear Nurse Practitioner Faculty,

As a nurse practitioner faculty and doctoral student at the University of North Texas (UNT) I am asking for your assistance in expanding the knowledge base of nursing. This ten-item survey investigates the **current** state of faculty practice among nurse practitioner faculty that teach clinical or specialty courses. Secondly, this research explores how faculty practice time is included or rewarded in the merit or tenure review process. I am asking for information from deans, and from nurse practitioner faculty employed full-time and teaching clinical or specialty courses. The faculty responses will be compared to the response from the deans.

This ten-item survey should not take more than ten minutes of your time. This study will look at **what is actually done at this time by colleges and universities** regarding the issue of faculty practice and its' inclusion in the tenure or merit review system. Only item number eight should reflect what **you think should be** done. Please remember to report **your institution's** current practice at this time on all items except number eight. For the purpose of this study, faculty practice is defined as activities related to patient care that meets two criteria: (1) they must be scholarly in orientation with associated scholarly outcomes and (2) they must have the care of patients as their central focus.

Your responses will remain confidential. No individual responses will be published. Only the analysis of the data will be published. The researcher will be the only one who has access to the completed questionnaires and all data sheets will be kept in a locked file cabinet and destroyed after the completion of the study. This study has been reviewed and approved by the UNT Internal Review Board. If you should have any questions you may contact myself, or my major professor Dr. Ron Newsom (940) 565-2722, or the UNT internal review board at (940) 565-3940.

As a full-time nurse practitioner faculty teaching nurse practitioner clinical or specialty courses please fill out the gold colored demographic sheet and questionnaire and return them in the stamped self-addressed envelope. Please return surveys by July 1st. Your response indicates consent to be included in this research. If you should have any questions please feel free to call.

Sincerely,

Amy Roberts RN, MSN, MA, FNP-C

APPENDIX F
FACULTY DEMOGRAPHIC INFORMATION SHEET

DEMOGRAPHIC INFORMATION FOR NURSE PRACTITIONER FACULTY

Educational Level (Check all that apply)

- ☐ Master's degree in nursing
- ☐ Master's degree in non-nursing field
- ☐ Enrolled in doctoral program in nursing
- ☐ Enrolled in doctoral program in non-nursing field
- ☐ Doctorate in nursing
- ☐ Doctorate in non-nursing field (including Ed.D., JD., PsyD., etc)

Age

- ☐ 29 & under
- ☐ 30 - 39
- ☐ 40 – 49
- ☐ 50 – 59
- ☐ 60 & over

Years as a nurse practitioner

- ☐ < 10
- ☐ 10 – 19
- ☐ 20 – 29
- ☐ 30 – 39
- ☐ ≥ 40

Years in nurse practitioner education full-time

- ☐ < 10
- ☐ 10 – 19
- ☐ 20 – 29
- ☐ 30 – 39
- ☐ ≥ 40

Are you tenured? ☐ Yes ☐ No

Academic Rank

- ☐ Assistant Professor
- ☐ Associate Professor
- ☐ Professor
- ☐ Clinical Instructor
- ☐ Lecturer

Advanced Practice Certification

- ☐ Pediatrics
- ☐ School Nurse
- ☐ Family
- ☐ Women's Health
- ☐ Neonatal
- ☐ Psych/Mental Health
- ☐ Acute Care
- ☐ Geriatrics
- ☐ Adult

Are you currently involved in faculty practice?

☐ Yes ☐ No

If yes, how many hours per week do you practice?

- ☐ < 8 hours/week
- ☐ 9 – 16 hours/week
- ☐ 17 – 32 hours/week
- ☐ ≥ 33 hours/week

Do you generate money from your practice?

☐ Yes ☐ No

Where does the money from the faculty practice go?

☐ To the faculty member ☐ To the university ☐ Other (please explain)

APPENDIX G
UNIVERSITY OF NORTH TEXAS INTERNAL REVIEW BOARD
LETTER OF EXEMPT REVIEW APPROVAL

UNIVERSITY of NORTH TEXAS

Office of Research Services

May 22, 2002

Amy Roberts

RE: Human Subjects Application No. 01-251

Dear Ms. Roberts,

Your proposal titled "Dissertation on Nurse Practitioner Faculty Practice" has been approved by the Institutional Review Board and is exempt from further review under 45 CFR 46.101. **Federal policy 45 CFR 46.109(e) stipulates that IRB approval is for one year only.**

Enclosed is the consent document with stamped IRB approval. Please copy and **use this form only** for your study subjects.

U.S. Department of Health and Human Services regulations require that you submit annual and terminal progress reports to the UNT Institutional Review Board. Further, the UNT IRB must re-review this project annually and/or prior to any modifications you make in the approved project. Please contact me if you wish to make such changes or need additional information.

Sincerely,

Peter Shillingsburg

Peter L. Shillingsburg
Chair
Institutional Review Board

PS:sb

P.O. Box 305250 ♦ Denton, Texas 76203-5250 ♦ (940) 565-3940
Fax (940) 565-4277 ♦ TTY (800) RELAY TX ♦ www.unt.edu

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